

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
FULL COUNCIL MEETING
June 18, 2025, 9:00 AM
90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
TRANSCRIPT

Mr. Kraut Good morning. I'm Jeff Kraut. I have the privilege to call to order the June 18, 2025, meeting of the Public Health and Health Planning Council. I'd like to welcome our members, Commissioner McDonald, participants and observers. The two chairs had previously gone through the ground rules regarding speaking, signing up on the listserv, and I'd like to tell you the outline of today's meeting where we're going to hear a report from Dr. McDonald on the department's activities. Given the nature of the agenda and some of the length of some of the issues we're going to have to address, I had asked the Deputy Commissioners to provide their comments to you in written format. They are going to be available here and in Albany if you do have questions and After Commissioner McDonald speaks, I'll ask if anybody wants to ask those questions. Although we don't have a report on the activities of the Health Planning Committee, I want to remind everybody the next scheduled meeting is going to be held on July 1st in Albany, and I'd encourage you to attend. Dr. Boufford will provide us with an update on the Activities of the Public Health Council Committee, followed by Mr. Holt, who will present regulations for our action, and then the project review recommendations and establishment applications will be considered. Mr. Robinson will present them. Lastly, we will also consider an Administrative Law Judge report and recommendation. Before we do so, we'll suspend the meeting and go into Executive Session for an educational session and then reconvene the meeting to consider that matter. If you, we've organized our agenda by topics or categories, including the batching of CON applications. Please take a look at how we've batched those applications. If you want an application removed from that batch to a different category, please let Colleen know before Mr. Robinson gives his report.

Mr. Kraut I would like now a motion to adopt the April 10, 2025, PHHPC meeting minutes.

Mr. Kraut Dr. Berliner.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Yang.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Thank you.

Mr. Kraut It's my pleasure to turn the mic over to Dr. McDonald, who will update us on the council about the department's activities since our last meeting.

Mr. Kraut Dr. McDonald.

Dr. McDonald Yeah, thank you, Jeff.

Dr. McDonald Great to see everybody this morning and say hello to my colleagues in Albany as well. Good to see you here today. You know, I thought I would just start today just talking a little bit about, I think the number one concern of the health and safety of New Yorkers right now is actually the federal government. I just want to chat a little about that with you. I want to remind you of the mission of the New York State Department of Health. Our mission is to protect and promote the health and well-being for all built on a foundation of health equity. Our mission is really easy to say. It's really easy remember. It's really complex to execute. You know, it's interesting. When I see people who are new to public health, it looks so easy, I think to them when you're new to public health. If you just name a problem, somehow that lends a solution. It just isn't that easy. Awareness isn't the same as persuasion. It's much more complicated than that. Talk is a lot different than action. When I'm at the New York State Department of Health leading this large department, one of things that I've just really been trying to instill along the staff is that my staff engages in activity, it leads to productivity, because we're trying to get a positive outcome. Work is defined as activity, leading productivity to a positive outcomes. Achieving a positive outcome is intentional. It is hard. I don't speak it into existence. It just doesn't happen. It's hard work. You see that here, right? I think it's fair to say we're no longer in the federal transition. What we're dealing with is the new reality. I really feel like it's important to take a step back and look at a big picture of what you've seen over the last five months. One of the things that just dawns on me is if this goes like it might, we might see a very large cut to the budget of the National Institute for Health. That really is going to affect research on the government level. You know, you've seen large, proposed cuts to federal agencies like CDC, SAMHSA, HRSA, others, and some of these agencies will be just, quite frankly, eliminated. I think it's also important to note that there's proposed changes in Medicaid and the Affordable Care Act. It looks like a backdoor repeal of the Affordable Care Act, our experts are really saying we anticipate 1.5 million New Yorkers ending up without health insurance. We've demonstrated the math in public on this. We've explained how it will affect every county. it's a significant change. It's a concern. I mean, when you look at other things the federal government has done so far, they've really disparaged fluoride. But most recently you saw something, I think that was quite disturbing in public health, which is the Advisory Committee on Immunization Practices, which admittedly, I don't know that people really knew the Advisory Committee on Immunization Practices existed outside this room. It was a small objective group that advised the CDC on vaccines. Nineteen members are what is composed. There were seventeen sitting at the time. They were all summarily dismissed. Now, there's eight new members. Other state health officials across the country are disturbed by this. I know that because they've told me that. I think it's a very concerning move. Part of what I want to make sure it's really clear is I think we have a picture of the new direction of where this administration is going regarding health and

well-being. I want to say that to just sort of bring it back to our mission at the New York State Department of Health. My mission didn't change. It's still to protect the health and well-being for all built on a foundation of health equity. Our responsibility is New York State. It's what I focus on, yet it's impossible to do that without acknowledging what I see going on around me. I do think it's very important not to be distracted by things that, you know, in some ways I can't control, yet there's so much more that we have control over. I do have researchers that work at the New York State Department of Health who are funded by the National Institute of Health. So far no one's funding has been affected. We have a lot of, actually National Institute Health researchers in New York State funded in academia and a lot our academic medical centers. I want to make sure it's really clear. We can't replace all the functions of federal agencies that are cut or are eliminated, but we are in New York. We'll come close. We have much more resources than most other state health departments. One of the things we did this week is we started an information campaign regarding how proposed changes would affect people's health insurance. Monday, we started a texting campaign. So, people who are currently recipients of the Affordable Care Act, the essential plan is at work will understand how this coverage will change. Many people who get health insurance through us right now, there's roughly 1.6 million New Yorkers, working New Yorkers, who get a health insurance through our Affordable Care Act products, our Essential Plan through our 1332 waiver. We estimate 730,000 will lose health insurance. What I mean by losing health insurance is they won't be eligible anymore for the Essential Plan. Now, they could get a qualified health plan. But just to put a little perspective on that, for an individual, you're talking about \$11,000 unplanned expense. If you make a little over \$38,000 a year, I think you'd agree with me that's probably not something you can swing. I think that's really kind of a concern. Other things that we've done is we released a statement on fluoride since we last talked about you, and I think has been helpful for the state. We sent a provider a letter recently about COVID vaccine. Regarding the advisory communication practices, you know, my team is focusing on New York State. Our vaccine schedule isn't changing no matter what happens. School entry requirements are the same in New York State. The department's going to continue to provide honest, objective information about vaccines. We will issue a recommendation in July regarding COVID vaccine for children and for people who are pregnant. And by the way, we just concluded an immunization campaign you might have seen. It was on TV. It was in social media. We did this campaign called Immunization Is Protection. We did three public service announcements. I think those type of things are very good things for us to be doing. I just think it's important to have some context about what is going on around us. One of the things I've really tried to get my team to focus on, as much as you see going on the federal level, we really need to focus New York State on our mission at the New York State Department of Health. Since we last gathered, there has been some updates on federal grants. You might recall earlier this year, the department was summarily dismissed from \$350 million of COVID-related grants. In May, the court issued a decision and a temporary restraining order. We received those grants back. Those were all COVID- related grants. Although the pandemic is over, these were things that worked on health disparities, immunization, epidemiology, laboratory capacity, all core public health concepts that improve people's health and well-being in the long run. It was really great to get those grants back. We hired back

everybody who wanted to come back and really working to just continue the good work that our team was working on with those grants. I say that to say that even though that happened, it is interesting how we were able to overcome that obstacle. I'm going to bring you a new topic now, something we're going to be talking about this week in the media. A new initiative for the department is emphasizing the importance of hand hygiene. Why are we going to be talking about hand hygiene? I think one of the things that's important is for us to acknowledge there are really public health issues that sometimes I think we just take for granted. I don't think we talk about candida auris around the dinner table or New Delhi beta lactamase carbapenem-resistant bacteria or other reasons why we should be nervous about resistant and emerging bacteria. It's a concern of mine. Our message is going to be focused on a couple different approaches. One is a Dear Administrator letter to hospitals reminding them that health care providers, whether it's the doctor, the nurse, the medical assistant, nurse at home, wherever, before they interact with the patient, they should be performing hand hygiene immediately before and after interacting with the patients. One of the other messages we're putting out to the general public though is that if you see a health care provider interact with you and they haven't performed hand hygiene, it's okay to say something. Really it's for their protection, but yours as well. That initiative is something we're going to be doing. It's just to remind people about our core principle. The method behind that is just the emerging pattern I'm seeing in New York State. We have emerging bacteria and funguses across the state. It's not a New York issue. It is a national issue. It's something that really we can get ahead of with a very low technology, almost no expense solution. I do want to highlight some of the overdose work coming across right now in the United States. It's been wonderful to have Dr. Holtgrave with us. He's been our Senior Policy Advisor on our overdose work here. I think one of the things we need to call out nationally is there's been a lot of progress that occurred in the work of overdose in the United States. It's not over by any stretch of the imagination. You really saw, in 2024 in particular, broad improvements across the United States. In other words, the national goal of under 81,000 deaths was achieved in the end of 2024. If we keep up with the same progress, we'd expect to see 25,000 less deaths in the United States in 2025. We saw great progress in New York State, by the way. No one at the New York State Department of Health is saying, job well done. Thank you for all the credit. That's not what we're saying at all. Quite frankly, there's a lot more work to do. When you see a 30% decrease year over year, that's impressive, right? In New York State that's notable. It just seems an odd time to cut funding to this is what I'm saying here. Because when you're making progress with something and you're not 100% sure what the solution was, probably best not to mess with it till you're sure you know what you're doing. I think it's great to see the progress we're making with that. As I'm getting ready to close out remarks with you, I do want to acknowledge this is Pride Month. I'm thrilled that it is Pride month. I'm very proud of the department staff who participated in the June 8th Capital Parade. Over seventy Department of Health members participated in that, which I thought was really great. There's a lot the department's doing to honor Pride Month. It's very important to us. Tomorrow, by the way, is Juneteenth. It's a holiday. It's been a holiday in New York State since 2020. It's been federal holiday since 2021. You know, I think for those who aren't familiar with Juneteenth, I'd think it'd be really good to just maybe go to the History.Com website somewhere and just learn

about it. I think it's a very important and powerful holiday. I hope holidays are more than days off. I guess I would share with you a little bit of how the McDonald family is celebrating and honoring Juneteenth. This may seem strange to you. We have a dinner table in our family. We meet around it and talk about things, right? We're talking about Juneteenth. One of the things we're trying is why it's the holiday. We talk about what slavery was in the United States. We talk about what systemic racism is, what overt racism is and what implicit bias is. We talk about these things around the dinner table in my home, because I want my adult children to understand what's going on and where it came from. I think if they understand the world past, they have a better idea of understanding what the future will be. I'm going to conclude my remarks in just a minute. I know I talked a bit about the federal government when I started here. I just want to end with that notion a little bit. I don't think it's making my job or the department's job or your job harder, quite frankly. I think our jobs are already hard. I do know they're making our jobs more important. New York needs us now more than ever just to do our jobs and do them well. I don't know what the Advisory Committee and the administration practice will do June 25th, 26th, and 27th, but if they do something where I need you, sooner than your next meeting, I know where to find you, and we'll gather and do that. We'll see what happens here. With that, let me see if anyone has any questions for me today.

Mr. Kraut Commissioner, thank you very much for those timely remarks and thoughtful remarks.

Mr. Kraut Any questions for the Commissioner?

Mr. Kraut Not much happening.

Mr. Kraut Denise.

Dr. Soffel Good morning, Commissioner. It's lovely to see you. I wanted to start by saying, your deputy yesterday, spoke to the Planning Committee, the Public Health Committee, and did a superb job in laying out what New York is facing in terms of potential federal risks.

Dr. McDonald That's Johanne Morne, the Executive Deputy Commissioner, who I'm very lucky to have as my Executive Deputy Commissioner. Thank you for saying something nice about her in public.

All (Laughing)

Dr. Soffel My question has to do with my ongoing concern about staffing at the department. I know you said we had \$350 million in grants that were cut but then replaced. I would imagine that staff left when that cut happened and that the ongoing uncertainty may be contributing to people looking to exit the department. I'm interested in hearing. Have you experienced an outflow of staff in the last three months or so?

What can be done sort of more proactively to assure people that their jobs are secure, and their roles continue to be essential?

Dr. McDonald Let me unpack that a little bit. The New York State Department has several different personnel systems, and I think it's just important to have a high level of that, right? There are state employees, health research and corporate employees, public consulting group employees, right? The people who are affected by the \$350 million worth of grants, because \$350 million dollars is a lot of money. Like if that was all staff money, that'd be like 30,000 employees. With a lot of the grants we get, we're actually just moving the money out to community-based organizations doing other work. There were a little over 100 people affected by that grant. Those 100 people, all who wanted to come back came back. Not everybody came back. I want to say 95 came back. I know some are retiring now. Those people all worked for Health Research Incorporated. Health Research Incorporated, just so you know, was started in 1953. It's the part of the department. It's not really part of the department. It's a separate private nonprofit that holds all our grants. If you're wondering why was Health Research Incorporated created, years ago in 1953, the New York State Department of Health had a hospital called Roswell Park. Roswell park wasn't able to get grants the way they wanted to and do the research they wanted, because the way the state government worked it was just too slow. They created this company called Health Research Incorporated, a private nonprofit to do that. It's grown over the years. It's been around for a little over seventy years. Health Research Incorporated is where our grant funded employees work. We have lost other grants in the meantime, though. We have laid off about twenty employees from Health Research Incorporated since we last got together. That's terrible, and that's unfortunate. Most of our grants are being renewed. I meet with Health Research often. I'm the President of their board. I'm very aware of what's going on. We are getting notice of awards later than usual. One of the things that people do know is you're working for a grant. If the grant ends and there isn't a continuation of a grant, then you have to find a new job, so that's a concern. At the state side of things though, we haven't laid off any state employees. I don't see that happening. What I do see though is that we're stabilizing. When I took over at the New York State Department of Health in January of 2023, we were a resilient group of roughly 4,000 individuals. We're now a robust team of 5,450, so we've hired a lot of people since I got there. There's a lot of reasons why we hired a lotta people. It wasn't just the vacancy. It wasn't the just the HELPS program. It wasn't just because of my charismatic personality. It was because we had great jobs and a great place to work, right? We've stabilized over the last six weeks. In other words, we've been rapidly growing for thirty months. We're now stabilizing. I think we're going to be stabilizing for the foreseeable future. All of that's contingent on what I see happening right now in front of me. If the federal government implements a budget like what they could, I don't know what the fall will bring and no one in this room does either. The Governor has said if the federal government issues a budget that's bizarre, we'd have to reconvene for a budget in the Fall. We'll have to see what that looks like. That's about as honest answer as I can give you on a Wednesday morning in June, my friend.

Mr. Kraut Any other questions for the Commissioner?

Dr. Lim Thank you again for your update. Just to continue on the theme, I think to your point no one quite knows. If there is a way, I mean I can't speak for the full council of course, but if there's a way that this council can help or play a role in sort of how the state can weather through these potentially profound impacts to our healthcare system, I think would be, I personally would be very interested in helping to think about how we can sort of weather through this in as successful a way as possible. Thank you.

Dr. McDonald Thank you. Just to underscore your role, I think you have multiple roles. One is as the Public Health and Planning Council is just if we need you because something weird happens, we know where to find you. We did that during the pandemic. We'll do it again. Thank you.

Mr. Kraut Don't be surprised, the Commissioner referenced the pandemic. There may be times when we have to call for a meeting to have actions out of our cycle. What we really require is flexibility. Unlike the pandemic, we can't meet by Zoom yet. Anyway, so that's the thing that we need.

Dr. Berliner Commissioner, thank you for your remarks. This is more of a philosophical question. I mean, it would be one thing if it was just the federal government cutting grants to the state or to the Department of Public Health. It's also cutting grants to private research institutions and academic institutions. What do you think is going to happen to all the people who are studying medicine, medical research, public health? Where do they go? There really isn't what I see as an alternative. I'm wondering what you think might be the future in that regard.

Dr. McDonald People need money to get through education. I think what you're seeing on a larger level is not just people not getting money for education, but just not getting a money to do research. You're seen universities in particular are addressed as well with this. I don't know about you guys, but when you read articles, do you really read the name of the author and which institution they came from? I don't really often do that. I know you do. That's great.

All (Laughing)

Dr. McDonald My point is though, is that so much research that I think as Americans, we just simply take for granted, comes from many of the very universities that are being targeted right now. Part of what I was trying to say in the beginning, and I just want to make sure I put this out there is when you look at the overall direction things are going in sometimes you just have to just say, well, what do I see when I put the whole story together, right? When I run a New York State Department of Health, my diabolical plan, in case you're curious. Do I have a diabolical plan? I always do. Is to eliminate health disparities. That's me. I'm never trying to be anything more. That's my diabolic plan. I want to eliminate health disparities. I don't think that's the plan of what we're seeing on a federal level. I'm just not seeing strategies that will actually improve everyone's health and well-being. I think when you look at strategies that improve people's health and

wellbeing it's generally rested in making sure people can acquire healthcare reasonably, making sure that we have the best research going on so we can invent new everything, because we need new everything right? It's not just new medicines, not just a lab test, new diagnostics, we need a new science, right? You know, really one of the things we count on to in the United States is trusting science. I'm really seeing all of that being attacked. Where do I think everything is going? What I'm going to answer is I think New York has to focus on where New York is going, because that is where I have the most influence, and that's where you have the more influence, and that's what I can focus on. Having said that, I play nicely with every other state health officer in the United States. We meet more often than we used to. One of the things that's interesting to me, when I talk to other state Health Officers, I can't tell what state politics are when I talk to them. Just so you know, when we talk to other state health officers, you just can't tell which one has a Democratic Governor, which one has a Republican Governor. They use the same words, and they have the same concerns, because they're usually people like me who want to get the same things done.

Ms. Monroe Thank you, Commissioner. Nice to see you. I see how the federal government has used its funding as a cudgel to get you to act differently and do things differently. New York, as you described, is standing up to that. We have our immunization, what do you call that schedule, and we have things, we're basing it on science. Other than money, do you think there are going to be policy pressures that will be used to get New York to fall in line on some of these things? Do you think we'll be able to hold our own on policy, even if money continues to be, as I said, a cudgel for getting you to change your behavior and your mind?

Dr. McDonald Every time I talk to the Governor, which is often, she reminds me the health and safety of New Yorkers is number one priority. She's very consistent with that. She is very tough. I think she'll stand up to everything we have to deal with to the extent that we can. If you ask an honest question, will they use policy to work against us, I think the answer is yes, they will. We stand up against it. We will die trying. How's that? Just for being really brutally honest, we will die trying.

Mr. Lawrence Thank you, Commissioner, for your presentation. There's so much going on and research, funding cuts. But the real question that troubles me is what happens to our safety net? What happened when that safety nets, usually it's all about funding and money. Is the safety net that sometimes seems to get the last dollar, the last fifty cents. Are there contingency plans to really support and to double support that safety net that is barely serving those individuals and underserved communities? Again, policies are one thing. Funding and support for that safety is really what I'm undergirding.

Dr. McDonald One of the things that I think, you know, New York is different than other states in that we don't have a lot of for-profit healthcare in New York. Part of the thing that's happening here is if this all happens, a lot the care that will occur will become uncompensated care and that becomes problematic on a different level. You know, but to give you a little example about that, uncompensated care doesn't mean everyone's going to get the same care. This is what concerns me. Right now, the focus is on

making sure people understand if this were to unfold this is not going to be good for any state. I think one of the things that the Governor explained last week, I thought was really well done, was when you got Medicaid like you're planning on doing it, you hurt everybody. You shift on composite care, but everyone's insurance premiums will go up. I think sometimes people who are in six figure incomes with commercial insurance think this won't affect them, but it will affect you. Your insurance premium will go off, because the risk pool will change here. I can't offer you a plan right now on a contingency for how New York will be protected from the changes because right now the focus is on making sure people understand the implications of what can happen. Right now, nothing has passed. I don't mean to diminish the risk here. I lived in the DC area twice in my career. I learned something when I was down there, which is if you want a loyal friend in DC, you get a dog. I don't think this is done yet. I think the time and energy we have right now should be focusing on making sure D.C. understands what the implications are, because one of the things you're really seeing right now is when people who traditionally support these type of strategies understand how it affects their health care, they don't like them at all. I think this gets to the hard-core reality is when there's so much going right now in the world, and Lord knows there is. When people actually understand this is going to affect you poorly, people then speak up, and then people who normally vote for things like this start listening to constituents and they start to get persuaded. That's where our focus is right now is just making sure we put the information out. The Department of Health isn't a political lobbyist. We don't tell people what to do. What we do is put out information, we educate people, and then help people do what makes the most sense here. That was a circular answer to your question, because right now our focus is on stopping the madness.

Mr. Kraut I'm going to give the last question to Dr. Boufford.

Dr. Boufford Thank you, Commissioner. Thank you for your comments and your leadership. I want to ask a slightly different question, which is, as they say, don't ever not take advantage of a crisis in the sense of some of the change issues. Some of things you've described, there are two ways of operating when we're meeting these financial, losing, having these financial risks. One is hunkering down to protect your territory, and the other is trying to look at creative ways of integrating services, thinking about things in a different way. I think you mentioned earlier this council, and I think the council has over the last number of years identified particularly regulatory changes, statutory changes, other operational things within the department, and then obviously with initiatives like the Master Plan on Aging across departments or with Prevention Agenda, OASAS, OMH. I wanted to just hear a little bit about your thinking on leading on health with other agencies, leading on processes of kind of examining the interior of how things have been, and dealing with what I'm sure would be resistance to changing in this kind of crisis, but maybe a good way out, or not way out but a way of addressing, something at least to examine or look at a way forward.

Dr. McDonald I agree. I think when you look at the future, like, we all benefit if we can deliver high quality health care at a lower cost. You know, just to put this out there, like when you think about where a health care dollar comes from in New York State, every

health care dollar generally comes from one of two places; either a taxpayer gave us that dollar or a rate payer gave us a dollar. You get a teeny-weeny bit of money from private pay, but the vast majority of health care dollars come from rate payers or taxpayers, so if we can deliver the same quality. We've been asking the legislature for scope of practice changes for a very long time. I was a little bit heartened that we got medical assistance being able to give a vaccine out of the Senate this year. It didn't make it through the Assembly yesterday, which was a bit disappointing. Those are the type of changes that to me if forty-nine other states have said this is okay, and New York isn't doing that, you really have to look people straight in the face now and say, why aren't you willing to do what forty-nine other states want to do. What other states embraced a long time ago was have the healthcare professional work at their highest level. New York isn't doing that. I have a Medical Assistant performing EKGs, drawing blood, doing all kinds of wonderful things, but they can't administer a vaccine. That's an example of low-hanging fruit we need to go grab. There are other changes we need to do in scope of practice. We do work with other state agencies, I think as far as moving towards integrated care. We're not the barrier at the Department of Health. You know, there's some federal ceilings that we need crush with that. Quite frankly, why the federal government looks at primary care as something that can't be integrated is a mystery to me. I'm always looking for policies that will make us more efficient. Just so you know at the Department of Health, yes, we do look at everything we do. We're looking at is... Is what we're doing still necessary? One of things every large organization should look at is, over time, is the work you're doing in a particular area still high value? Did you get enough work done in that space where should you move on to something of higher priority? We do that too. I think to answer your question, I think there's legislative solutions. I think anything you do in Certificate of Need to make that a little bit simpler would be good for everybody too. I think that there's things we can do. One of the things I do know is the Healthcare Association of New York, Greater New York Association are looking at strategies to help lower costs as well. I think this is a good time to do that as well. I think those things we could be doing in nursing homes like medication aids, giving medicines that would help nursing homes lower costs. I mean, one of the thing I hear from across the board is we have a nursing shortage. We just held the nursing summit this month. A lot of great ideas, but the nursing shortages aren't going away. New York needs to look long and hard at how we can actually catch up with other states to at least let nurses be nurses and let other people do things that nurses don't need to do.

Mr. Kraut Thank you very much, Commissioner. I appreciate spending the time with us and answering all of our questions. I'd rather spend more time doing substantive things that Dr. Lim had said than maybe some of the low value things that we do have to do here. We're going to be a good partner if we're tasked to do things that would be productive and high value for the state. Before the commissioner leaves, we got reports from the Deputy Commissioners, hopefully you've all read them. If there's any burning questions, I'll entertain those, but I'd really like to get on with the agenda if that's okay. Thank you.

Dr. McDonald Thanks everybody.

Mr. Kraut Thank you.

Mr. Kraut I'm now going to turn it over to Dr. Boufford, who will give us a report on the Public Health Committee. No, we decided to suspend the Long-Term Care Committee report.

Dr. Boufford Okay, I didn't hear that. Sorry.

Dr. Boufford Thank you very much.

Dr. Boufford We had, as Dr. Soffel scooped me a bit, but we did have a very productive meeting of the Public Health Committee yesterday with very full attendance. I thank everyone for making it in. I think we're going to claim the day before the council meeting, because it was a really, really good show. Our agenda, just to remind members of the council, the Public Health Committee has to identify three particular areas of our ongoing focus, we have the statutory responsibility on behalf of the council to oversee the prevention agenda and how that plays out. Linked to that, we also identified the engagement of an interagency council, which was proposed by Dr. Whalen as she's been sort of overseeing the prevention agenda for us and to really begin to address the social determinants of health, which is the sort of broader expansion of the traditional prevention or previous prevention agenda. Finally, we were going to be continuing to work on the issue of community benefit. Those are our kind of three standing prevention agenda related activities. As is our practice, we generally pick one particular area of focus that we think is a significant issue for the public health of the state. This year, we selected the public health workforce. There's a sort of standing item on our agenda for the report on the activities of the public health workforce. Moving to the committee meeting we had yesterday, we were, I'm sorry, I just saw Dr. Davis went out to meet with the Commissioner. I was going to introduce Dr. Michelle Davis, who's here in the flesh. She was with us yesterday. We were delighted to welcome her to, as in her new role, as the Deputy Commissioner for Public Health, for the Office of Public Health. She has significant federal experience at the regional level, and we're delighted. She's going to be a great addition, I think for us to begin to work with. Just to clarify, she will obviously take over the broader public health issues. Dr. Whalen will continue to work on the prevention of specifically those activities, so that's the Division of Labor in that transition. As Dr. Soffel mentioned, Dr. Morne gave a masterful presentation of the potential risks to both public health and to health care delivery financing from the federal activities. We had a really, really good discussion. I think a couple of things I would add to her observations was beyond the question of reducing the funding for a waiver or waiver extension was the issue of reducing conditions, people who might be covered, the types of services that might be provided. I think that's something to think about both of those kinds of issues in terms other policy questions going forward. We did have a good discussion of the immunization, the potential implications of the vaccine process, opioids prevention, harm reduction, et cetera. She obviously is working very actively across the department, making sure those needs are met, and working with others. We're delighted to have that and have her visit us. Obviously, equity is her middle

name, so that was an ongoing theme that nobody would forget. Then, specific to the two other issues I mentioned that we have standing, the council had about probably eight or nine years ago now developed a white paper on the issue of maternal mortality, maternal health, perinatal health in the state. We like to think it had something to do with some of the gubernatorial commission, some of issues on financing. It was a good example of how the council can use its bully pulpit status to bring together various elements of the department or other departments to talk about issues. We had a terrific presentation from Jennifer Mane yesterday from OHIP talking about the progress that's been made in maternal child health financing under Medicaid. Six or eight years ago when this was initially discussed, many of the gaps in perinatal care have really been addressed. Many of them that were fiscal in terms of postpartum coverage or prenatal coverage or other have really be addressed. That was really exciting to hear. There's still the challenge, then, of realizing that all the issues have been addressed, but the dots may not yet have been connected in terms of organizing the assistance of care. This is the kind of thing we were trying to allude to, I think that something the council can look to, because we have a big picture, and we have perhaps a little more time to consider some of these issues. That was encouraging. We got a great report from Keshana Owens-Cody, who's the Division Director for Public Health Infrastructure leading on the workforce area. The last time we heard from her, she had not really hired her team. We heard from every member of her leadership team yesterday. They are absolutely doing fantastic work. The issue of they're in the third year of a grant from the feds, but it is a five-year program. They've so far seen it to be continued. I think the biggest concern in her presentation was really the loss of the public health fellows, which was a significant resource. Kevin Watkins, who was there yesterday. I think we asked him for his perspective from the local health department. There is significant loss. That is what it appeared to be. It doesn't look like it's going to come back. I think the good news was a number of those people have been incorporated into their employment structure, into their organizations at local level or elsewhere in the state level. The last thing I wanted to mention is in terms of progress, I want thank Dr. Fish and Dr. Whalen as well. We were able to get language in the Governor's budget, which was approved by the legislature on community benefit. It really calls on the Commissioner to develop language that identifies the ways in which acute care hospitals will report on their Schedule H submissions. This is an area we have been interested in ourselves, especially in the community health improvement category, and you will be hearing more from us as that develops. It's come up in the Ad Hoc Committee, but this was a really exciting development, I think, going forward, and we will be following it along with those other issues I mentioned in the committee's meetings. Thanks.

Mr. Kraut Questions?

Mr. Kraut Dr. Eisenstein.

Dr. Eisenstein This is more of a suggestion than a question. Thank you, Dr. Boufford. I was very appreciative of the presentations we got yesterday on the committee. You just started each section by saying we got a report from. When I joined the Public Health

Committee, to be honest, I did so because based on my experience and knowledge and current practice, I thought I could contribute my knowledge to what's going on. I'm just suggesting that perhaps the format can be tweaked so that the people in the room who have expertise in the field and are also living it every day get an opportunity to participate more in a discussion rather than what essentially was getting reports for the whole time on the various sections. We were able to ask a question or two. Here's just an example. I for my system am running our Medicaid waiver response. I can give you real-time, factual, boots on the ground experience as to what's happening, which is very different than the report that we got of what the big picture is. I just would like the opportunity, if we're going to come to these meetings to participate actively in discussion, which didn't really happen. I'm not opposed to what happened. I just feel we're missing an opportunity to gain the expertise of the people from committee as well.

Dr. Boufford I think part of the issue for the Public Health Committee is what we have the ability to engage in before the issue comes to us. I think on the Medicaid stuff that's... You know, some of these issues may be better taken up here. I do think that one thing I did neglect to mention is that the prevention agenda and the interagency have all been deferred because the prevention agendas is still being reviewed. That's something that we were deeply involved in, I think, before you're joining the group. It's an example of something we have direct responsibility for and need to be involved in. I welcome thinking about those items and getting actively engaged. I think we were at the report stage mainly just because we want to keep accountability and keep oversight. In terms of the presentations, at least for the time being until their prevention agenda comes back to us and the other work comes back, really looking at follow-up on the workforce. I mean, I think that's an area if we want to carve out something. Similarly, keeping the maternal health activities live. Noted your comments. I'm delighted at the interest and enthusiasm. The questions were so great yesterday. What we'll try to do maybe is reserve some time for the committee to really think about or have an agenda item in advance for the committee to really talk about what we could do during that session to do some more problem solving to bring to the department.

Dr. Eisenstein That's all I'm saying. If it's a two-hour meeting, and we're making the effort to come here. If we're just going to listen to reports, I don't need to be here to do that. I could do that at my computer at home. But to share our thoughts, even if it's just a quarter of the two hours, we get to brainstorm or share our thoughts. I think it's important.

Dr. Boufford I think to extend that to the council as well. I know Jeff's been trying to arrange that.

Mr. Kraut Well, it gets back to you all have unique insights. You're placed here because of your experience, insights, and ability to impact change. We also have to have a venue for that to be used productively. We are challenged. I'm going to address in a little while one opportunity we've been given to address some of those concerns. We certainly will invite participation. Thank you, Dr. Boufford.

Mr. Kraut Any other questions for Dr. Boufford?

Mr. Kraut Before I turned it over to Mr. Robinson, I am sorry, you know what? Let me turn it over to Mr. Holt. I will hold on.

Mr. Kraut Mr. Holt, would you give the report on Codes, Regulations, and Legislation?

Mr. Holt Sure.

Mr. Holt Thanks, Mr. Kraut.

Mr. Holt Earlier today, we received information on three different codes. One was for information and two for adoption. The one for information was expedited partner therapy for sexually transmitted infections, and that will come back to the full council for consideration in the future. For adoption, at the June 18th, 2025, meeting of the Committee on Codes, Regulations and Legislation, the committee reviewed and voted to recommend adoption of the following regulations for the approval to the full council. Amendment of Section 405.6 of Title X, NYCRR, General Hospital Medical Staff Recertification. Josh Breeden and Jonathan Karmel of the Department presented the General Hospital Medical Staff recertification proposed regulation to the Committee on Codes for adoption and they're available to the council should there be any questions of the members. I move the adoption of this regulation.

Mr. Kraut I have a motion.

Mr. Kraut May I have second?

Mr. Kraut I have the second, Dr. Watkins.

Mr. Kraut Any questions?

Mr. Kraut Call the vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut Thank you.

Mr. Holt Second, we had 710.1 approval of medical facility construction and general provisions. Ms. Shelly Glock of the department presented the approval of Medical Facility Construction General Provisions proposed regulation to the Committee on

Codes for adoption and she's available to the council should there be any questions from the members. I move the adoption of this regulation.

Mr. Kraut I have a motion to move adoption.

Mr. Kraut I have second, Dr. Torres.

Mr. Kraut Any questions?

Mr. Kraut Yes, Dr. Berliner.

Dr. Berliner Tom, one of the advocacy groups wrote a letter asking for clarification of a particular-

Mr. Kraut You weren't here, were you?

Dr. Berliner I wasn't here, so I apologize. Can you tell me if that was discussed?

Mr. Holt Yeah, it was discussed. They gave the presentation. It was consistent with what they had provided to us in writing, and since this had already gone through the comment period, we just received their comments and didn't respond to them at this meeting.

Mr. Kraut Any other questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Holt That concludes the agenda of codes. Thanks so much.

Mr. Kraut Before I turn it over to Mr. Robinson now, I just want to do some housekeeping from our previous meeting. A little later in the agenda, we're going to consider three applications that we were not able to come to consensus on or get an affirmative vote, basically because of the questions that were raised by individuals who were not at the Establishment and Project Review primarily and had some questions that they felt were unanswered and they couldn't affirmatively vote one way or the other. We had to bring those three applications back and unlike we're going to depart from precedent we had here. Instead of sending that back to the Establishment and Project Review, I wanted those three applications to come back before the full council, and we will permit the applicant to respond to any questions for those individuals who felt that the Establishment Project Review Committee, which voted for approval, affirmatively,

for some reason they felt they needed additional information other than the committee's work. They'll have the opportunity to ask all the questions. The expectation is today we will come to an affirmative vote one way or the other, but we will permit the applicant to speak and engage with the council, but we are not taking public comment today. It's for our purposes to raise a thing. Secondly, those applications and ones prior to that raise the number of issues that keep coming back and nagging at us and frankly have essentially just they've never been resolved. There are three issues, three or four issues. One is the character and competence. How do you establish a criteria for a new operator to be approved when they have no experience, but clearly have the experience? The second is financial feasibility requirements. Those of our members who were in the nursing home questioned the analysis that was done based on certain financial assumptions that were as part of the financial feasibility. The third is issues about the related party transactions and consulting services. What we decided to do is we are going to, we have a charge and after this meeting we will appoint and charge an Ad Hoc Committee that is going to look at the qualification of proposed operators to ensure that they have adequate and relevant experience and how do we determine that. The other part of the charge is to determine the adequacy of finances to support both the short- and long-term financial sustainability of the entity. The third will be looking at consulting arrangements and related party transactions regarding administrative back-office functions. The fourth will be the ability to impose on conditional approvals maybe other activities that we think are relevant to essentially remove some of the uncertainty about an applicant. For example, appointing an external reviewer that's at the expense of an applicant that would report back to us and the department. We're leaving it up to the Ad Hoc Committee. We're going to ask Mr. La Rue to Co-Chair it, Mr. Holt, others will be invited. We're going to have a very limited amount of time we're going to do these. They'll meet by Zoom. They'll meet virtually. When they come up with recommendations, we will have a public meeting so the public could comment on those recommendations before they come back to us. We will invite interested parties and stakeholders to participate in formulating some of those things. We made a commitment at the last meeting that we would set up that Ad Hoc Committee, and we are going to do so following this meeting. I didn't want that to get in the way of any applications that we're considering.

Dr. Boufford It's not about that issue. I just want to take advantage of Dr. Davis, Michelle Davis, as our new Public Health Commissioner, as Deputy Commissioner has arrived. I just wanted Michelle to be able to maybe say a word to the council.

Mr. Kraut Michelle, she said wonderful things about you, but we know you had to grab the Commissioner when you had Face Time. Please introduce yourself.

Ms. Davis Yes, sorry. I had to run back out. Hi, everyone. Michelle Davis, the new Deputy Commissioner for the New York State Department of Health. Actually, this is my second time with the Health Department. When I was like a little kid, I worked for the Health Department in the division of EPI as a research scientist. I've had experience at the federal level as well as at the local level and several other state health departments. I'm very glad to be here and to support all the efforts that are going on with the Health

Department and Commissioner McDonald and to lead an excellent team in the Office of Public Health. Thank you.

Mr. Kraut Again, keep those pension benefits coming.

All (Laughing)

Mr. La Rue Thank you.

Mr. La Rue Scott La Rue, a member of the council. In regard to the Ad Hoc Committee, I just wanted to make a couple of comments. First of all, I made extensive remarks at the last meeting, and for the sake of time, if anyone's interested, they could go read them or look at them.

All (Laughing)

Mr. Kraut Just don't do them again.

Mr. La Rue No, but I am really appreciative of the fact that we're putting this Ad Hoc Committee together and how responsive the department and the council has been when concerns are brought forward. These regulations are evolving. They have implications. We're adjusting to them. Although, I voted against these applications at the committee meeting I'm going to vote for them today knowing that we are putting this Ad Hoc Committee together addressing the concerns that I think the council brought up. Again, I really appreciate the response and the willingness of everyone to sit down and continue to improve this review process. Thank you.

Mr. Kraut Thanks so much, Mr. La Rue, and thank you for agreeing to lead this with Mr. Holt, who is not here.

Mr. Kraut Mr. Robinson.

Mr. Robinson As Mr. Kraut mentioned, we're going to be batching applications, so feel free to raise your hand if you want to discuss any one of them individually. This first batch is in the area of applications for acute services under construction 251025C, Stony Brook University Hospital in Suffolk County. Certify a new multi-specialty ambulatory surgery center Extension Clinic at 500 Comack Road in Comack. The department and the committee recommend approval with conditions and contingencies.

Mr. Robinson Application 251044C, Delaware Valley Hospital Inc in Delaware County. Construct a new building connected to the main hospital building to create a medical neighborhood model of care. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson Application 251096C, New York Presbyterian Hospital, Columbia Presbytery Center in New York County. Construct a new building to consolidate

oncology and multi-specialty services on the hospital campus. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson Continuing on with application for cardiac services. 242313C, Samaritan Medical Center in Jefferson County. Certifying cardiac catheterization, percutaneous coronary intervention, or PCI services, and perform requisite renovations. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson Moving on to applications for ambulatory surgery, 242332C, Ortho New York Surgical Suites in Saratoga County. Certifying a new multi-specialty ambulatory surgery center to be constructed at 612 Maple Avenue, Saratoga Springs. Department and committee recommend approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

Mr. Robinson 251136C, Specialist One Day Surgery Center LLC in Onondaga County. Convert an existing single specialty ambulatory surgery center into a multi-specialty ambulatory surgery center at 6711 Topath Road Extension Clinic. The department and the committee recommend approval with a condition.

Mr. Robinson Application 242314C, Van Rensselaer Manor in Rensselaer County. Perform renovations to modernize the facility including energy infrastructure improvements. Department and committee recommend conditions and approval with conditions and contingencies. I move the batch.

Mr. Kraut I have a motion to move the batch.

Mr. Kraut Dr. Berliner has seconded that motion.

Mr. Kraut Are there any questions on any aspect of these applications?

Mr. Kraut Hearing none, I'll call the vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries unanimously.

Mr. Robinson These next few I have to take individually because of conflicts.

Mr. Robinson Application 251126C, NYU Langone Hospital in Richmond County, noting the conflict and recusal by Dr. Kalkut, certifying a new Perlmutter Cancer Center hospital extension clinic in an existing space at 2801 Richmond Avenue in Staten

Island. Department and committee recommend approval with conditions and a contingency. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have second, Dr. Berliner.

Mr. Kraut Any questions on this application?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries unanimously.

Mr. Kraut I ask Dr. Kalkut to return and Dr. Lim to leave.

Mr. Robinson There's an application for cardiac services and construction 251001C, Mount Sinai South in Nassau County, noting again, Dr. Lim's conflict and recusal, certifying cardiac surgery adult, and converting two existing operating rooms into cardiac thoracic operating rooms with no construction. Department and committee recommend approval with conditions and contingencies. I so move.

Mr. Kraut I have a motion.

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

Mr. Kraut Any questions on this application?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion passes unanimously.

Mr. Robinson Dr. Lim can return. Dr. Kalkut remains out.

Mr. Robinson Application 241258C, NYU Langone Hospital, Brooklyn in Kings County. Conflict and recusal by Dr. Kalkut. Interest by Dr Lim.

Mr. Kraut They muted themselves.

Mr. Robinson We heard about this earlier this morning. This is to certify kidney transplant. Department recommends approval with conditions and contingencies, as does the committee. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries unanimously.

Mr. Kraut Ask Dr. Kalkut to return, please.

Mr. Robinson Thank you.

Mr. Robinson These are applications for ambulatory surgery centers. 251101B, Bronx Endovascular Center LLC in Bronx County. Establish and construct a single specialty ambulatory surgery center for vascular surgery at 1733 East Chester Road in the Bronx. Department and committee recommend approval of conditions and contingencies with an expiration of the operating certificate five years from the date of issuance.

Mr. Robinson 251137B, Wellness Way ASC LLC in Albany County. Establishing and construct a multi-specialty ambulatory surgery center at 4 Wellness Way, Suite 100 in Latham. Department and committee recommend approval with conditions and contingencies with an expiration of the operating certificate five years from date of issue.

Mr. Robinson 251118E, Ortho NY Ambulatory Surgery Center in Albany in Albany County. This is transferring 100% of ownership interest from nineteen individual physician members to two new corporate members with no change of operator. Department and committee recommend approval with conditions and contingencies with an expiration of the operating certificate three years from the date of issuance.

Mr. Robinson 251131E, Ortho NY Surgical Suite, Saratoga County. Transferring 100% ownership interest from fifteen individual physician members to two new corporate

members with no change of operator. Again, department and committee recommend approval with conditions and contingencies with an expiration of the operating certificate three years from the date of issuance.

Mr. Robinson For diagnostic and treatment centers, 251068B Trimmed Health Pavilion in Queens County. Establish and construct the diagnostic and treatments center at 1425 Central Avenue in Far Rockaway. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson 251106B, Accelerated Care Inc in New York County. Establish and construct a new diagnostic and treatment center at 1 Wadsworth Terrace in New York. Department and Committee recommend approval with conditions and contingency.

Mr. Robinson Under renal dialysis 251114E, Bronx Renal Services LLC in Bronx County. Established Bronx Renal Services LLC as the new operator, owner and operator of a forty-station chronic renal dialysis diagnostic and treatment center currently owned by St. Barnabas Hospital at 4451 3rd Avenue in the Bronx. Department and committee recommend approval with conditions and contingencies. I move the batch.

Mr. Kraut I have a motion.

Mr. Kraut Dr. Berliner seconds it.

Mr. Kraut Any questions on any of these applications?

Mr. Kraut Ms. Monroe.

Ms. Monroe Thank you.

Ms. Monroe I was not able to be at the last meeting. I did not think that we were approving multi-specialty ASCs. I thought we were looking at single-purpose ASCs, am I incorrect about that?

Mr. Kraut Yes.

Ms. Monroe That's the way it goes. I wasn't there to ask.

Ms. Glock Applicants can apply to be a single specialty. They can have multi single specialties or they can apply it to be multi-specialty ASC, and you have seen those before.

Ms. Monroe Well, there you go. Thank you.

Mr. Robinson You're welcome.

Mr. Kraut Any other questions about any of these applications?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The batch in motion carries unanimously.

Mr. Robinson Thank you.

Mr. Robinson Two certificates to move, certificate of amendment for the certificate of incorporation for Finger Lakes Migrant Health Care Project, INC, and certificate of assumed name for Community Health Center of Buffalo Inc. Department and committee recommend approval. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions about the certificates?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries unanimously.

Mr. Kraut I'll turn it over to Dr. Kalkut on the next certificate of incorporation. Mr. Robinson has left the room for this one.

Dr. Kalkut Thank you.

Dr. Kalkut This is Finger Lakes Health Foundation Inc restated certificate of incorporation, as well as Geneva General Hospital, both the department and committee recommended approval. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have second, Dr. Berliner.

Mr. Kraut Any questions about the certificate?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries unanimously.

Mr. Robinson Have Mr. Robinson return, please.

Mr. Robinson Mr. Thomas to leave.

Mr. Robinson Thank you.

Mr. Robinson This is an application for acute care services establishment. 241015E, Centralis Health Inc in Tompkins County. Again, noting the conflict and recusal by Mr. Thomas, who left the room. Establishing Centralis Healthcare Health Inc as the parent of Cayuga Health System Inc and Arnot Health Inc and the active parent and co-operator of four hospitals, two residential health care facilities, one certified home health agency, and one licensed home health care agency. Department and committee recommend approval with the condition. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have second, Dr. Berliner.

Mr. Kraut Any questions on this application?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries unanimously.

Mr. Robinson This is establishment of an ambulatory surgery center application. 251147E, Everett Road Surgery Center in Albany County, noting a conflict by Mrs. Mazzacco, who's not present, transferring 66% of ownership interest from one

withdrawing member to two new corporate members with no change of operator. Department and committee recommend approval with a condition. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions on this application?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries unanimously.

Mr. Robinson Mr. Thomas remains out of the room. This is application 241290E, Elmira Community Health in Chemung County. Establish Cayuga Community Services Inc as the new operator of a hospital extension clinic currently owned by Ornette Ogden Medical Center at 200 Madison Avenue in Elmire. Department and committee recommend approval with a condition and contingencies. I so move.

Mr. Kraut I have a motion.

Mr. Kraut A second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries unanimously.

Mr. Kraut Have Mr. Thomas rejoin us.

Mr. Robinson We're beginning with the applications that Mr. Kraut referenced at his introduction here regarding nursing home facilities. These are applications for residential health care facilities establishment. Application 231220E, CLRNC Operating

LLC doing business as Clinton County Nursing Home in Clinton County. I will note here that Mr. La Rue and Ms. Mazzacco oppose the application. Ms. Monroe abstained. This is to establish CLRNC Operating LLC as the new operator of Clinton County Nursing Home, an eighth-bed residential health care facility currently operated by Clinton County at 16 Flynn Avenue in Plattsburgh. The department recommended approval with conditions and contingencies. The committee, as I mentioned, approved the application also with conditions and contingency with those two members opposed and one member abstaining. I move the application.

Mr. Kraut I have a motion to move it.

Mr. Kraut I have second, Dr. Berliner.

Mr. Kraut What we'll do is we'll give the individuals who opposed and abstained the right to answer, have their questions asked and answered by the applicant, if the applicant would come to the table. They're there to address any issues that you may have with this application that couldn't get answered in the previous meeting. If you would please introduce yourself when you get seated. I'll open it up to the rest of the council.

Mr. Cicero I'm Frank Cicero, a consultant to the applicant.

Ms. Kaplewicz I'm Lisa Kaplewicz, one of the proposed owners and operators.

Ms. Kelleher Good morning. I'm Jacqueline Kelleher, Clinton County attorney.

Mr. Zurlo Good morning. Michael Zurlo, County Administrator, Clinton County, owner of the facility as currently.

Mr. Kraut Are there any questions from members of the committee?

Ms. Monroe Good morning. I abstained last time and was really torn between the needs of the county to take care of your residents in a way that's financially sustainable and torn between that and what I perceive as weaknesses in the applicant you chose to run your or purchase. I do feel better with this committee created, because I do think it's the state's responsibility to make sure that whoever is running an organization, one of our Article 28's is performing well and doing good work. I do have a specific question. Do you see any oversight role for the county?

Mr. Kraut Good question.

Mr. Zurlo No, other than we have a ninety-day contractual obligation to close the real estate deal. We obviously, as administrator, am extremely concerned, always extremely concerned about the quality of the care that residents get not only in this facility, but the other three facilities in the city or in the county. We have no direct management

authority, although as a governing body, we are always concerned about the quality of the health care that these folks receive.

Ms. Monroe You would see the quality of the facility falling under the State Department of Health once this transaction took place?

Mr. Zurlo I believe it currently is under the New York State Department of Health Authority with our ownership.

Ms. Monroe Sure, sure, but without your ownership, it would be the State Department of Health that would have jurisdiction?

Mr. Zurlo Oh, yes, Ma'am, correct.

Ms. Monroe Thank you.

Mr. Robinson I may have misspoken, Dr. Soffel. Did you abstain also?

Mr. Robinson I just wanted to make sure I didn't misrepresent that.

Mr. Kraut Are there any other members of the council who want to ask questions?

Dr. Soffel My question is if the county was unable to make this facility viable, how does a private entity think that they can do a better job than the county?

Mr. Cicero Dr. Soffel, I'll start and then Ms. Kaplewicz will speak. I think as the letter that we wrote, number one, these individuals come from an organization. There will be a consulting agreement, as your staff report says that has scope. I think that's something that was spoken about in another application this morning so that they'll be able to have a breadth and a focus on this type of facility that will lead to efficiencies. As the letter that I sent to the council noted, if this application is not approved, the county can no longer move forward. They've picked the best group that they saw from the applicants that they had. Again, Ms. Kaplewicz will speak in a moment of her experience. From a quality standpoint, I think you see that she has as a consultant, been able to help turn entities around from a quality standpoint. The other individual, Mr. Ostrovitzky, who will be a 50% member has also demonstrated the ability to help turn around facilities from a financial standpoint and particularly under 100 bed facilities. I think they bring that type of expertise and that's what the county saw. Let me have the applicant speak.

Ms. Kaplewicz As Mr. Cicero has stated, I've previously been involved with turning around facilities, so I do have experience with that.

Mr. Kraut Can you just hold the mic a little closer to your mouth, please? I'm sorry. Just put that right in front of you.

Mr. Kraut Thank you.

Ms. Kaplewicz So I was saying that, as Mr. Cicero had stated previously, I've been involved with turning around facilities through transitions, and they remain successful today. In looking at this facility in particular, we've taken a look at what could be done to make it financially successful and feasible. When looking at the acuity of the residents and what's going on in the facility, there's a very low acuity of residents. There's no rehab program currently. The clinical makeup is very limited. We look to bring in services that will increase the reimbursement and the facility to succeed.

Dr. Soffel Without increasing the size of the facility?

Ms. Kaplewicz Yes.

Dr. Soffel What happens to the people who are currently there who are low acuity?

Ms. Kaplewicz They'll remain there, and we'll work with them. We'll continue to offer the services. Currently, there's residents that are in the facility. If they have a decline in their ADLs, we have to transfer them out, because we don't have a rehab department there. We're looking to build our own Rehab Department so we can provide those services right in the facilities and certain other complicated wound care and IV fluids. These are things that are not being done in the facility, so the residents are being transferred out for those services.

Mr. Kraut Any other questions before I call the vote?

Ms. Monroe I have one more.

Mr. Kraut I'm sorry.

Ms. Monroe It's okay. Both of the new operator, the individuals are funding this through a loan from whatever the other corporation is. What are the requirements or the expectations that go with that loan to satisfy you as individual that you can meet those criteria and pay back the loan as it is currently laid out? It's a big loan on a high-risk organization. Can you just tell me what you're expected to do in order to either have that loan forgiven or be paid back at the rate that the lender is suggesting?

Mr. Cicero I think, Ms. Monroe, the main loan that we're speaking about is for the realty entity to purchase. Certainly, these two individuals will also have a loan from the individuals involved with the realty entity, but the main is a realty loan that the two individuals won't be involved with.

Ms. Monroe I thought I read that they each received a loan in order to make the purchase.

Mr. Cicero They do, and that loan is at terms that are included in the application and the budget accounts for a payback of those loans from whatever profits they may earn and from their personal assets.

Ms. Monroe It's not the profits of the facility, it is the profit share of the owner that could be used. Facility dollars would not be used to pay back that loan.

Mr. Cicero Well, yes they would. If there is a profit from the facility, the two individuals would use that, their own profits.

Ms. Monroe Right, that's what I meant. It would be their own profits that would be used to pay back that loan.

Mr. Cicero If not, they'd have to pay from their individual assets. The Health Department has reviewed the feasibility of that based on the personal assets that they both have today and the budget of the facility. I think to get into what your probable concern is, they're not going to be reducing. They don't need to reduce the assets that are dedicated to the operations of the facilities in order to pay back those loans.

Ms. Monroe Right, that was my question, much better said than I did.

All (Laughing)

Mr. Kraut It was a good question.

Ms. Monroe Well, good luck. That's a big loan.

Mr. Kraut I'll call the vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson The second application in this trio is 232241E, WRNC Operating LLC doing business as Wells Rehabilitation and Nursing Center in Fulton County. Again, noting that at the vote, at the committee vote, Mr. La Rue and Ms. Mazzacco opposed the application and Ms. Monroe abstained. This is to establish WRNC Operating LLC as the new operator of Wells Rehabilitation and Nursing Center, a 100-bed residential health care facility currently operated by Wells Nursing Home Inc at 201 West Madison Avenue in Johnstown. The department recommended approval with conditions and contingencies. The committee voted to approve the application with conditions in

contingencies Again, as I mentioned, two committee members opposed and one abstaining at the committee meeting. I move the application.

Mr. Kraut I have a motion to move it.

Mr. Kraut Dr. Berliner, second.

Mr. Kraut Again, I'll ask the applicant to come up to the table and if the individuals who opposed or abstained have any questions for the applicant and if it's the same group, same questions, but I'll give you that opportunity.

Mr. Kraut Are there any questions on this application?

Mr. Kraut I won't ask you to introduce yourselves yet.

Dr. Soffel I would ask the same question that I raised in the last application, which is how is it that you presume that you can make what is currently a non-financially viable entity become a financially viable one?

Mr. Kraut Mr. Cicero, please, just everybody reintroduce yourself for the record, please.

Mr. Cicero Frank Cicero, consultant to the applicant.

Ms. Kaplewicz Lisa Kaplowitz, proposed owner operator.

Mr. Manello Mark Manello, Legal Counsel for Wells Nursing Home, the current operator.

Mr. Cicero In this case, Dr. Soffel, the facility, I think, is in better condition financially to start. As of this week, they're at 93% occupied. The finances have started to turn around. In this case unlike the other case, they're reviewed and approved by the department. There has been a Chief Restructuring Officer from the same consulting entity that will be involved. You know, Ms. Kaplewicz has even more knowledge of that facility already, and they're very close to getting to where they need to be as they come in the door.

Mr. Kraut Are there any other questions?

Dr. Soffel Can I ask, if it was possible to turn the situation around, why is the county still wanting to sell the facility?

Mr. Cicero It's not a county. It's a not-for-profit operator. I think they've started with the assistance of the group that will come in. They've started to make the transition that they need to make. And as I said before, I think this group has the capability over the many facilities that they're involved with to make that kind of transition. I'll let Mr. Manello answer why they made the decision before.

Mr. Manello The facility had a very difficult time getting through the COVID pandemic.

Mr. Kraut Yeah, just a little closer.

Mr. Kraut Thank you.

Mr. Manello They had gone through significant financial losses since that time. They decided to go through a strategic assessment of options, reached out to various not-for-profit systems. No one was interested to affiliate with them. They decided to go through the RFI process and had various bidders. They felt that the applicant here was the most appropriate bidder to take over operation and continue their facility, which they really want to have happen. As a small board of directors, they're very concerned about making sure that Johnstown and the surrounding communities had the facility to continue providing quality care to its county.

Mr. Kraut Any other questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Kraut Thank you.

Mr. Robinson 202251E, Hoosick Falls Center LLC doing business as Hoosick Falls Rehabilitation and Nursing Center in Rensselaer County. Mr. La Rue and Ms. Mazzacco opposed the application at the committee level, Dr. Torres also did. Establish Hoosick Falls Center LLC as the new operator of the Center for Nursing and Rehabilitation at Hoosick Falls, an existing 82-bed residential health care facility located at 21 Danforth Street in Hoosick Falls. The department recommended approval with conditions and contingencies. The committee voted for approval with a condition and contingency with these three members, as I mentioned, opposed at the March 27th meeting. I move the application.

Mr. Kraut I have a motion.

Mr. Kraut I have second, Dr. Berliner.

Mr. Kraut Again, I'll ask the applicants to come up, please, at the table, and I'll ask the individuals, the first, if they have questions, please ask the applicant. We'll open it up for the rest of the council.

Mr. Kraut If you could just introduce yourselves, please.

Mr. Cicero Frank Cicero, consultant to the applicant.

Mr. Solomon Michael Solomon, proposed owner.

Mr. Laba Robert Laba, Chief Financial Officer of Southwestern Vermont Medical Center.

Mr. Kraut I'll open it up to questions from the council members who opposed or abstained on the application.

Mr. Kraut I'll open it up to any council member who has a question about this application.

Mr. Kraut I'm not going to press my luck.

All (Laughing)

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut Thank you very much.

Mr. Robinson Application 231213E, Silvercrest Acquisition 1 LLC doing business at Silvercrest Nursing and Rehabilitation Center in Queens County, noting again the interest by Mr. La Rue. To establish Silvercrest Acquisitions 1 LLC as the new operator of Silvercrest Nursing and Rehabilitation Center, a 320-bed residential health care facility currently operated by Silvercrest at 144-4587th Avenue in Jamaica. The department recommended approval with condition and contingency. Early this morning, the committee also recommended approval of the condition and the contingencies. I move the application.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Torres.

Mr. Kraut Any questions on this application?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Kraut Abstention is Dr. Boufford.

Mr. Kraut The motion carries.

Ms. Monroe If I could just make a comment, I think it was very helpful of those three to hear from Scott to have this group set up that relieves us from having to answer Hodgson's choice of people losing service versus a less than appealing operator. I appreciate, Jeff, you are taking on this issue, and I'm interested to see what this comes up with.

Mr. Kraut I think if we have a venue where we can deal with these issues outside of an applicant that has true consequences, and then we relate it back to the industry to say these are our guidelines, if you will, or how they get expressed, I think it helps us. We've been struggling with some of these issues, gosh, a decade. The clarity, I appreciate that. Ms. Monroe, and I think it'll produce a positive thing, and it may be a basis on how to deal with some other issues that are vexing.

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

Mr. Kraut Thank you very much, Mr. Robinson.

Mr. Kraut What we're going to do, and Ms. Marks, I'm just asking for guidance, so I do this correctly. We have to go into an Executive Session, at which point I'm going to ask to empty the room. I believe I need a motion to suspend the meeting and enter into Executive Session. Am I correct?

Mr. Kraut May I have a motion to enter into an Executive Session?

Mr. Kraut Dr. Berliner.

Mr. Kraut A second, Mr. Thomas.

Mr. Kraut The purpose of this Executive Session is to answer questions only about process and in reviewing an administrative law jobs report and recommendation. That's the motion.

Mr. Kraut May I have a vote to enter into an Executive Session?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut We are now suspending the regular meeting of the of PHHPC Council. Those of us who are looking by internet or through the web, we will keep your computers on. We'll come back on Zoom as soon as we exit the Executive Session, and then we'll take up the last matter that we have on our agenda.

Mr. Kraut Could you tell me when we're on Zoom? Are we off of the web?

Mr. Kraut We have three members of the public in the room. I am now calling back into session the Public Health and Health Planning Council meeting of June 18, 2025. I'm going to call application 202086, the Coit House LLC. This is a consideration of an Administrative Law Judge's report and recommendation.

Mr. Kraut I have a motion to accept the report and recommendations of the administrative law judge.

Mr. Kraut May I have second?

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

Mr. Kraut I'll now turn it over to Ms. Glock.

Ms. Glock The Coit House LLC is requesting approval for the establishment and construction of an Article 28 Midwifery Birth Center at 414 Virginia Street in Buffalo, New York. The proposed operator will be Maura Winkler, a certified nurse midwife, who is the Director of Fika Midwifery, a midwife-owned home birth practice in Buffalo, New York. This application was presented at an EPRC meeting on January 26, 2023, with a recommendation of disapproval by the department. The department was unable to support a favorable recommendation of the application as the applicant did not meet the proposed standard for approval as set forth in Public Health Law 2801A3B. The application did not receive enough votes at EPRC, so the application was presented to the full PHHPC Council on February 9th, 2023, without a majority vote from the EPR for approval or disapproval. The full council voted to disapprove the application at that meeting, and the applicant requested Administrative Law Judge Hearing, which was held on March 13th and March 20th, 2024. On June 3rd, 2024, the Administrative Law Judge issued a report and recommendation that the PHHPC should not approve the application based on evidence presented at the hearings. As required by law, this

application is being presented to the full council today for reconsideration, including the report and recommendation of the Administrative Law Judge.

Mr. Kraut You have all received the report and recommendations of the Administrative Law Judge.

Mr. Kraut We have a motion to accept that report and recommendation.

Mr. Kraut I'll open it up if there's any questions.

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor, "aye."

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries unanimously.

Mr. Kraut Next, I'm going to make a motion to disapprove Application 202086, Coit House, LLC. The issues considered by the council, including for this disapproval were the issues that we've considered included, but were not necessarily limited to the character and competence. Other matters the council deemed pertinent, including an active and open investigation by the New York State Education Department's Office of Professional Discipline. That is the motion.

Mr. Kraut Do I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Are there any questions regarding that motion?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor, "aye."

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries unanimously.

Mr. Kraut That concludes the meeting of the Public Health and Health Planning Council. Our next regularly scheduled committee day is going to be held on August 21st

in Albany, and the full council will convene on September 18th at New York City location.

Mr. Kraut May I have a motion to adjourn the Public Health and Health Planning Committee?

Mr. Kraut Mr. Lawrence.

Mr. Kraut Second, Dr. Berliner.

Mr. Kraut We are adjourned.

Mr. Kraut Have a wonderful Summer, everybody. Enjoy the holiday. Remember we have a Planning Committee meeting on July 1st, and we'll be scheduling the Ad Hoc Committee meetings as well, notify you about all of them. Thanks so much for your day.