

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
COMMITTEE ON CODES, REGULATIONS AND LEGISLATION MEETING
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90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
TRANSCRIPT

Mr. Holt Good morning. I'm Tom Holt. I'm the Chair of the committee on Codes, Regulations, and Legislation. I have the privilege to call to order the Codes Committee, and welcome members, participants, and observers. I'd like to remind the council members, staff, and the audience that this meeting is subject to the Open Meeting Law and is broadcast over the internet. The webcasts are accessed at the Department of Health's website. The On-Demand webcast will be available no later than seven days after the meeting for a minimum of thirty days, and a copy will be retained in the department for four months. There are some suggestions ground rules to follow to make this meeting more successful. Because there is synchronized captioning, it is important that people do not talk over each other. Captioning cannot be done correctly with two people speaking at the same time. The first time you speak please state your name and briefly identify yourself as a council member or DOH staff. This will be of assistance to the broadcast company who's recording this meeting. Please note that the microphones are hot mics, meaning they pick up every sound. Therefore, we ask that you avoid rustling of papers next to your phone. Be sensitive about personal conversations or sidebars as the microphones can pick up that chatter. As a reminder for the audience, there is a form that needs to be filled out by you prior to the meeting which records your attendance. It's required by the Commission on Ethics and Lobbying in Government and is in accordance with the Executive Law, Section 166. The form is also posted on the Department of Health's website under Certificate of Need. In the future, you can fill this form out prior to the council meetings. We thank you for your cooperation in helping us fulfill our duties as prescribed by law. We have three items on our agenda today. I don't believe that we have anybody who signed up to speak, but if there was somebody to speak you're limited to three minutes per presenter. Three regulations on the agenda for today. First for adoption, we have 2422 amendment of Section 405.4 of title 10 NYCRR, the twelve-week rule for foreign medical graduate students and limited permit allowances.

Mr. Holt Can I have a motion for a recommendation of the adoption of this regulation?

Mr. Holt Dr. Yang, thank you.

Mr. Holt Second, Dr. Watkins.

Mr. Holt Dr. Eugene Heslin and Jonathan Karmel from the department are available and will provide us with information on this proposal

Dr. Heslin Thank you, Mr. Holt.

Dr. Heslin I'm Dr. Eugene Heslin. I am the first Deputy Commissioner and Chief Medical Officer. I'm going to briefly speak to this rule and then turn it over to Mr. Karmel to take us home. This is a rule that has been in place for quite some time that essentially requires that medical students who do more than twelve weeks of training outside of their country, that they're being trained in, cannot practice in New York State. Essentially, what we're doing is we've worked with State Education Department to build a consensus language to allow these people to be able to practice in New York State if they've gone to an ACGME accredited residency program. Currently in the state, there are seventeen schools that can practice in new York State per requirements. This opens it up to a wider group of people to be able practice within the state. That's principally what we're doing here with this twelve-week rule. The second thing that is happening here is we're allowing people that have limited permits within New York State, which basically means that you do not have the full licensure based upon your training outside of New York State to practice within the state. That is going to allow people with those limited permits to practice with in public hospitals.

Mr. Karmel Hi. Can you hear me now?

Dr. Heslin Yes.

Mr. Karmel Oh, great.

Mr. Karmel I'm Jonathan Karmel from the Department of Health. The only thing I would add to Dr. Heslin's presentation is that we did get a comment from Health and Hospitals Corporation, which was asking us whether the person who works for a public hospital has to be a W-2 employee of that hospital. The answer to that question is no. If they're a member of the workforce, then it's okay if they're not actually getting their W-2 from the hospital. We clarified that in the final regulation.

Mr. Holt Do we have any questions from the members of the committee or the council?

Dr. Kalkut Dr. Heslin, the seventeen medical schools that are approved by the Department of Education, does this change anything for them?

Dr. Heslin Absolutely not, so they still are accredited and those students that go to those seventeen medical schools can do residency within New York State, because they are accredited by the State Education Department. What we had previously was someone that was not part of those seventeen schools could never practice in New York State. What we've done is we've allowed those students now who do ACMGME residencies, which is the Residency Training Accreditation Body for the United States to allow those people to come into the state, do fellowship, and also receive full licensure within the state.

Dr. Kalkut Thank you.

Mr. Holt Yes, Ms. Soffel.

Ms. Soffel Hi. Denise Soffel, committee and council member. I have two questions. One is, do we have any sense of how many people will be affected by this change? Secondly, how many of people who are currently FMGs and do training in New York end up staying in New York versus ending up leaving New York?

Dr. Heslin The answer is that part of the reason this was fixed was there was conflicting language between what we interpreted in our rules and regulations and what SED had. We ended up having a lot of people getting lost in the middle. What we did was we actually fixed the language and in that fix we fixed this. Do we know how many people this will impact? We really don't know how many people this will impact, but it does open up more physicians to be able to practice within the state, because we haven't seen that influx yet because they simply could never do it before. Your second question, I don't the answer. I can say that most residents that train in New York State go somewhere else because we train about 12% of the people, residents that are in the country. We're only about 6% of the population, so we are a bigger training state than we are a state.

Ms. Soffel Do you know whether these residents will be eligible under Doctors Across New York?

Dr. Heslin Everybody that can get a New York State would be eligible that's correct.

Mr. Holt We didn't have anybody signed up to speak, but I'll just ask if there's anybody from the public who wish to address this.

Mr. Holt Seeing none, then I'll call the question.

Mr. Holt All in favor?

All Aye.

Mr. Holt Opposed?

Mr. Holt Abstentions?

Mr. Holt That motion carries.

Mr. Holt This regulation will now go on to the full council for its adoption later today.

Mr. Holt Second item for adoption is 2206 amendment of Section 23.5 of the Title 10 NYCRR expedited partner therapy for sexually transmitted infections.

Mr. Holt Can I have a motion for a recommendation of adoption as a regulation to the full Public Health Planning Council?

Mr. Holt Dr. Yang.

Mr. Holt Second, Dr. Watkins.

Mr. Holt Beth and Jonathan Karmel from the department are available and will provide us with information and this proposal.

Ms. Malloy Good morning. Instead of Beth, it's Rachel Malloy here to speak on this adoption. This regulation is essentially has been updated to match the law change that went into effect in 2020. This regulation update so that it's more in alignment to expand the permissibility of expedited partnering therapy for sexually transmitted infections beyond committee alone. This will line up the regulation with the law. In addition, there is a proposal to remove some stigmatizing language and to remove HIV as an ineligibility factor in the administration of expedited partner therapy. Jonathan, anything to add?

Mr. Karmel This is expanding expedited partner therapy to all of the diseases for which the CDC recommends it. It will be consistent with nationwide use of EPT.

Mr. Holt Thank you both. I ask if any questions of the members of the committee or the council?

Mr. Holt Seeing none, and again, no one had signed up to speak, but I'll just ask if there's anybody from the public who wish to address this?

Mr. Holt Seeing none then, I'll call the question.

Mr. Holt All in favor?

All Aye.

Mr. Holt Opposed?

Mr. Holt Abstentions?

Mr. Holt That motion carries.

Mr. Holt Final item on our agenda today is for information only. 25-09 Edition of Appendix 5E to Sub Part 5.1 of Title 10 NYCRR Cyber Security Requirements for Public Water System. This regulation is being presented to the committee for information only and will be presented to this committee in the full Public Health and Health Planning Council for adoption at a later date. Mr. William Sacks of the department is available and will with information on this proposal.

Mr. Sacks Good morning, Mr. Holt, members of the council. This regulatory proposal would amend Sub Part 5.1 of the state sanitary code to impose cyber security

requirements on water systems throughout New York State. It finds its statutory authorization under the reporting and assessment requirements in Section 1125 of the Public Health Law. Any proposed regulation would require water systems to serve more than 3,300 people to complete a cybersecurity vulnerability analysis, remediate identified vulnerabilities and report those identified vulnerabilities to the department within 48 hours, would establish a cybersecurity program, establish a written cybersecurity incident response plan and report detected cybersecurity incidents to the Department within 24 hours. In addition to those requirements, water systems that serve more than 50,000 people will be required to identify a qualified individual to serve as a qualified executive responsible for the cybersecurity program implementation and monitor and log network activity as part of their cybersecurity program.

Mr. Holt Thank you.

Mr. Holt Any questions from the members of the committee or council?

Ms. Soffel I apologize for my layperson's ignorance, but what exactly is cybersecurity around water systems? I'm not entirely sure I understand the concept.

Rachel Cicigline Cybersecurity water systems would include having secure passwords, changing passwords, default passwords on machinery such as operational technology, informational technology, having a user interface that changes as the user changes. If an employee leaves, making sure that that's adjusted, making sure that...further information on that, Steve. To be able to override the operational technology with manual controls. It would involve basically just keeping cyber hygiene, basic cybersecurity again, passwords, secure passwords and multi factor authentication as well.

Mr. Holt Thank you very much.

Mr. Holt Any other questions?

Dr. Eisenstein Hi. Larry Eisenstein, council member. Just curious about an analysis if it's been done on the cost of this water districts. I'm fully in favor of protecting the water supply first and foremost. We know with new chemical legislation that's been added, water districts have had expenses to put in filtration and other. This would be yet another. The cost the water is going up. Has anybody looked at the potential financial impact of this on the water district? How's it going to be paid for?

Rachel Cicigline The estimated cost for system serving more than 3,300 less than or equal to 50,000 people could spend up to \$150,000 annually. Systems serving more than \$50,000, they could spend even \$5 million annually. No additional costs are expected for local governments, because they have minimal oversight beyond existing state sanitary code requirements.

Mr. Holt Any other questions?

Mr. Holt Seeing none, then this will come back to the council at a later date for adoption.

Mr. Holt That concludes this morning's meeting of Codes, Regulations, and Legislation.