

Draft Minutes
MSSNY Committee on Long Term Care
Thursday, February 3, 2021
Via zoom

Present

Todd Demmy, MD
Elaine Healy, MD
Timothy Holahan, MD
Steven Kaner, MD Vice-chair
Thomas Lee, MD Asst.
Commissioner
Jay Slotkin, MD, Chair

Absent

Ruth Kleinman, MD, Vice Chair
Thomas Madejski, MD
Helena Mirza, Alliance
Gregory Pinto, MD Commissioner
Raghu Ram, MD
Sandita Seecharan Reddammagari,
MD
Naheed Asad Van De Walle, MD

Al Cardillo, President and CEO,
Home Care Association of NYS
William Valenti, MD, Chair, MSSNY
Infectious Disease Committee

Staff

Moe Auster, Esq. Senior VP &
Legislative Counsel
Pat Clancy, Senior VP & Managing
Director
Zina Cary, VP Legislative Affairs
Michael Bartlett, Legislative
Associate
Maureen Ramirez, Administrative
Associate
Jennifer LaRose, Administrative
Associate

Invited Guests

1) Welcome and Review of Committee List

2) Review of October 7, 2021 minutes - Approved

**3) 2022 Budget Update from Al Cardillo – President and CEO, Home
Care Association of New York State and Moe Auster, Sr. VP & Chief
Legislative Counsel**

Al Cardillo – One of the chief issues that has been affecting this sector and hospitals is the impact on personnel that was driven to emergency levels because of the pandemic. This is probably the first budget in years that doesn't begin with deep cuts in the long-term care area. Instead, this budget restores cuts and increases the Medicaid rate. There is also several billion dollars set aside for bonus payments that relate to the federal COVID relief. Payments are up to \$3,000 per individual who have worked during the pandemic. There are a lot of initiatives that are looking at a broader structural support of the workforce. There's been a structural gap in our sector, between the supply of

workers and the ever-growing need for care, it's at an all-time level of urgency. There's a push within the legislature to statutorily state what wages people should be paid in the system. There are reservations about the issue of statutory prescription for who is going to get paid what, that hoping to get in the state budget legislation, the New York Homecare First Act.

Moe Auster stated that there are a lot of good policies and from our standpoint there is still several initiatives that are being put forth in the budget about eliminating the collaborative arrangement for experienced, primary care nurse practitioners. There are also physicians that like the state compact and some do not because there are concerns of insurers taking advantage to fill their networks. Dr. Slotkin indicated that telehealth is a mixed blessing and it's concerning because he's finding in his practice that communication with specialist is getting worse as big corporations take over healthcare services. Dr. Slotkin asked Al Cardillo if that's recognized as an issue when he talks about integration. Al Cardillo answered yes, at every level. At the policy level there seems to be no connection because of the department between certain goals, public health goals, primary care goals, long term care goals it seems to be a balkanized situation. When the department initiates certain policy directions, they are not looking at the relevance of the components of the system and how it may either impact them or how they should be involved. There's a fragmentation from a policy level as it relates to delivery system. As the state does it's planning, there needs to be more emphasis on partners working together for the common goal of serving the patient. Dr. Lee indicated that he has plenty of experience working inside and outside of the Department of Health and mentioned that it's important to recognize that the policy makers generally come into a particular situation with a solution already in mind and you will find that it's somewhat difficult to change that concept going through the process. Dr. Lee mentioned that if you're going to fight for and secure the funding and the programs, you're going to have to live with the rules prescribed by the Department of Health.

Dr. Slotkin indicated that those are important points and mentioned that in California, it's mandated that within the next five years, all medical directors in nursing homes need to be certified medical directors but that it excludes medical directors in large systems that include hospitals. He mentions that he's not sure that he wants to do this because of all the baggage it comes with and indicated that one of the reasons he likes this committee is because there are people working in the trenches where there's a total disconnect. Al Cardillo stated that the legislature will look to do something more and that's where our advocacy will be important to try and shape that. Moe Auster mentioned the bonus proposal and he's not sure yet how to make heads or tails of it. Al Cardillo said the legislature is going to look for a lot more prescription of it. Dr. Slotkin indicated that in long term care, the way things are happening, we

60 have an opportunity and part of it being funneled through this committee and
61 onto MSSNY to help shape that legislation where it's needed.

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63 **4) Legislative Update—Psychotropic Drug S. 2103—Moe Auster, Senior**
64 **VP/Chief Legislative Counsel**

65 Dr. Slotkin states that the legislature has good intentions, but they developed
66 a bill with legislation in the use of psychotropic drugs in long term care facilities
67 where essentially, you can't do anything without the approval of the family.
68 The Medical Director's Association and other associations all felt this was not
69 a good idea and said they have provided feedback. Dr. Slotkin asked Moe
70 Auster where we stand on that bill. Moe Auster indicated that the bill is sitting
71 on the Assembly floor, there were small edits made to it and it's now in the
72 Health Committee and he suspects we will be dealing with that issue all year
73 long and mentioned that it passed the Assembly last year but not the Senate.
74 Dr. Slotkin mentioned that he would like to keep this on the agenda and keep
75 an eye on it, so it doesn't get pushed through.

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77 **5) Update on the Nursing Home Medical Director Registry—Dr.**
78 **Holahan**

79 Dr. Slotkin states that the Medical Director Registry is still on the radar
80 screen and that a dear administrator letter was sent out to nursing home
81 leadership stating that they're going to put together a database with cell
82 phone numbers of nursing home medical directors in New York State. Dr.
83 Kaner mentioned that the New York Health Commerce System already has
84 that information.

85
86 **6) Update on Assisted Living in New York State—Dr. Holahan**

87 Dr. Slotkin states that this is still a work in progress and that Dr. Holahan will
88 try to get this to the House of Delegates and develop a resolution. Pat Clancy
89 reminded everyone that those resolutions were due on February 25th.

90
91 **7) Distribution of Oral Antivirals/Monoclonal Antibodies—Pat Clancy,**
92 **Senior Vice President and Managing Director, PHE**

93 Pat Clancy indicated that in September of 2021, the then Commissioner of
94 Health, requested MSSNY's help to facilitate a monthly phone call with the
95 New York State Department of Health, regarding issues related to Covid-19
96 and the vaccine. Some participants on that call are from the New York City
97 Department of Health, County Health Commissioners throughout the state,
98 New York State Association of County Health Officials, County Medical Society
99 representatives and various medical specialties and physicians, including Dr.
100 Valenti are on the call. It is an ongoing call, usually the second Wednesday of
101 the month from 12:00 pm -1:30 pm. Pat Clancy mentioned that it has been
102 very helpful to have the county medical society executives and other
103 physicians bring issues back to the Department of Health and receive very

104 timely answers. One of the things that has come up is the supply of the
105 monoclonal antibodies and the antivirals. On the last call, the Department of
106 Health indicated they had 25,000 requests from hospitals and physicians for
107 a supply of monoclonal antibodies and the state only received 2,500 doses.
108 For the antivirals, New York State only received 20,000. New York State
109 disbursed them to various pharmacies including long term care pharmacies if
110 the long-term care facilities indicated that. Pat Clancy mentioned that she
111 reached out to the Department of Health regarding upcoming supplies and
112 received this quote back from Dr. Heslin, "The supply of mono antibodies has
113 decreased by three quarters as our disease burden and hospitalization rates
114 decreased so we are receiving substantially less than previously. Oral
115 antivirals have not increased nor is it anticipated that their allocations are
116 going to increase until sometime in March at the earliest. Long term care
117 facilities that have applied, have received allocations of both monoclonal
118 antibodies and oral antivirals. Please remember that New York City uses only
119 one pharmacy. This is a case that the supply is not sufficient to meet the
120 demand. The Feds are distributing based on disease burden." Pat Clancy
121 indicated that if any physician wants to participate in the monthly call with the
122 Department of Health, they are more than welcome and please touch base
123 with her so she can send you the link to the call. Dr. Slotkin mentioned that
124 one issue that come up in nursing homes is lack of supply and staff qualified
125 to administer and asked Pat Clancy if there's any discussion of distribution and
126 need for education and how some facilities are using outside vendors to
127 distribute. Pat Clancy stated that issue has not come up and then asked Dr.
128 Valenti to weigh in on his understanding on how those are distributed.

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130 Dr. Valenti states that the monoclonals are a little bit of a black hole because
131 the distribution takes place at the state level and then it's a matter of
132 identifying willing and able providers to do the work. Dr. Valenti mentions that
133 he and his Community Health Center in Rochester, New York are in the process
134 of putting together a system where they can also add monoclonal antibodies
135 to people who need them. He states that he thinks the antiviral situation will
136 get better, as Pat Clancy mentioned. The problem with monoclonals is the
137 variant issues that need to be resolved. We do recognize because of the short
138 supply, we will be relying on the oral agents as well and for most people, that
139 will probably be the direction they will go until they can sort out the myriad
140 issues with monoclonals.

141
142 Dr. Healy indicates that she deals with outbreaks in an institutional setting
143 which is a little bit different than what Dr. Valenti may be dealing with and
144 mentioned that all the perspectives are important. Dr. Healy goes on to
145 mention that they were disappointed that the prior monoclonal antibodies
146 were no longer available and mentioned how they have suffered from lack of
147 rapid turnaround time, testing for PCR's and other nucleic acid testing and is

not 100% convinced that point of care tests detect early Omicron and states that it is a terrible impediment to managing outbreaks. Dr. Healy stated that long term care facilities are requiring all visitors to be tested for Covid-19 adding another layer of burden to these facilities that are already stressed. Dr. Healy indicates that she thinks it's critically important that long term care facilities are prioritized in all therapeutic distribution and says that because of lack of supply, we must ration the prescription of these medications.

Dr. Healy mentioned that the guidelines given by the Department of Health and the New York City Department of Health, added a new guideline and mentioned some quotes from the New York City Department of Health website regarding distribution barriers. Dr. Healy asked that this committee come up with a resolution for the House of Delegates. Dr. Lee stated that he thinks the most important issue that we are trying to address here is the important medical decisions that physicians or professional practitioners have. We generally go over the risk and benefits based on scientific and medical data to support our decision and at the end of the day, they are there to serve their patients. Dr. Lee states that we have duties to have our government officials make city and state guidelines rather than a mandatory application.

Dr. Valenti stated that pandemics require leadership and management to get through and mentions that he has always interpreted guidelines that providers prevail in terms of clinical judgment and the demographics tell the story and predict outcomes. Dr. Slotkin states that in complex times this is an important discussion because you don't want to interfere with the objectivity with the treatment of the patient and should be based on the clinical situation on the ground. Pat Clancy mentioned that there's an upcoming opportunity to meet with vaccine workgroup and the Department of Health and the New York City Department of Health and can ask if this is guidance or does clinical judgment prevail or do you have to follow every single step. Dr. Slotkin stated that he thinks that's a good idea and mentioned that this is a complex issue. Dr. Kaner indicated that we don't discuss race, we look at the clinical situation and then make a decision. Dr. Healy states that it's a great idea to refer to Ethics Committee and made a motion to this committee to draft a resolution regarding the new language in the Department of Health guidelines.

Dr. Slotkin asked if there were any seconds to the motion, there were none. Dr. Slotkin also asked if anyone disagreed with this going to the Ethics Committee. Pat Clancy indicated that this was best referred to the Health Equity Committee and stated that this is more of the Health Equity Committee's issue than the Ethics Committee. She also mentioned that the Infectious Disease Committee will also be looking at this issue and making a recommendation on the guidelines to the MSSNY Council. Dr. Slotkin stated that he wants this kept on the agenda for the next meeting. Moe Auster stated

192 that the ultimate solution is that we need more treatments so physicians don't
193 have to ration care which is the key messaging point and should be
194 emphasized. Moe Auster mentioned that Dr. Valenti also made a key point
195 which is at the end of the day, a physician's medical judgment should prevail
196 above all.

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198 **Next Meeting is May 5, 2022**

199 **Adjourned**
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