



Department of Health

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AGENCY TRANSPARENCY PLAN UPDATE: 2024

AGENCY NAME: Department of Health (DOH)

DELIVERABLES ACHIEVED SINCE 2021

Background

In 2021 the NYS Department of Health prioritized the following areas that address transparency and accountability.

- The public's ability to access and engage with the Department.
- Public accessibility of data and information.
- The public disclosure of meetings [or appearances] with Department policy makers.
- The preservation of records for future reference.

Public Engagement

Community stakeholder input is a hallmark of the Department of Health. Members of the community are routinely engaged via survey, facilitated discussion, outreach and statewide opportunities to provide input, comment, and recommendations. Community stakeholder input influences decision making related to the development of policy, programming, and funding allocation across the Department.

DOH supports 56 statutorily mandated councils or advisory bodies. Of the 56, 21 either are subject to the state [Open Meetings Law](#) [as a result of their authorizing statute], or comply with the Open Meetings Law as a matter of practice, providing the opportunity for members of the public to attend meetings in person.

The Council or advisory body liaisons updated the membership and board information or established a webpage that houses the membership and board information, including meeting dates, agendas, and other meeting materials, by February 1, 2022.

The DOH has an established single source of information for meetings, hearings, and special events. Available points of information include advanced publication of meetings and, to the extent practicable at least 24 hours prior to the meeting, meeting agendas and materials; and recordings and transcriptions as required pursuant to Part E of Chapter 417 of the Laws of 2021.

Over the course of four months, DOH worked with our programs and web teams to satisfy the new requirements for State boards to establish and maintain a website as outlined Executive

Law § 203-b, which went into effect on November 1, 2023. All the DOH public councils and boards comply, with several more advisory bodies who currently post their information in the interest of transparency. The Department continues to monitor these web pages so DOH may provide as much public engagement and transparency as possible. The link which connects to our [DOH Councils and Boards websites](#) may be found at the bottom left of our [DOH main page](#): <https://health.ny.gov/councils/>.

The public may review and comment on proposed regulations in support of legislation prior to final adoption. The State Administrative Procedure Act (SAPA) contains procedural and substantive requirements for rulemaking activities. DOH adheres to all notice and publication requirements associated with proposed rules. All comments are reviewed, considered, and publicly responded to prior to regulation adoption.

The DOH maintains accountability for appearances with the DOH Administration and policy makers. Executive Law § 166 requires the DOH, as a regulatory agency, to keep a record of who appears before the Department for a fee as a third party (i.e., an attorney, agent, lobbyist or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the Department. This usually occurs in an enforcement, formal permit, or application matter. As part of this requirement, DOH requires all offices of the Department and its advisory bodies such as boards, committees and councils when conducting regulatory proceedings to maintain a record of any person who is being paid to appear before them by anyone subject to the Department's regulatory jurisdiction. Records of these appearances are also submitted to the New York State Commission on Ethics and Lobbying in Government on a quarterly basis.

Additionally, [Project Sunlight](#) requires state agencies, including DOH, to report appearances, with certain defined exceptions, by individuals, firms, or other entities (other than federal, state or local governmental agencies/representatives) who appear before decision-makers or those who advise decision-makers on matters involving one of the following five topics: procuring a state contract; rate making; regulatory matters; judicial or quasi-judicial proceedings; or the adoption or repeal of a rule or regulation. These appearances are electronically reported in the Project Sunlight database.

Proposed Plans to Further Increase Transparency and Public Accountability.

The DOH engages with the public through various social media platforms. DOH has continued to advance in its effective use of social media. The [DOH website](#) provides a public-facing online source of public health information. Existing DOH social media platforms include Facebook, Twitter, and Instagram. Social media platforms are utilized for outreach, education, announcements, and promotion of events. All platforms are routinely monitored. Comments and questions are reviewed and shared with Department programs for consideration and response as appropriate.

The DOH is responsible for administering the New York State Medicaid program. DOH is responsible for adhering to all federal transparency requirements instituted by the Centers for

Medicare and Medicaid Services (CMS). These transparency requirements involve publication in the *State Register*, facilitated public hearings, and the consideration of all oral and written comments. The [NYS Medicaid homepage](#) was last updated in 2024 to highlight the priority subjects most relevant to the public and stakeholders.

The DOH ensures language access for constituents seeking to engage with the Department. In April 2022, Governor Hochul enacted New York State’s current language access policy as part of the FY2023 Enacted Budget. This new law, which took effect on July 1, 2022, codified and expanded New York’s previous language access policy (Executive Order 26.1,9 NYCRR 8.26.1 (2021) NYS Language Access Law Executive Law Section 202-a sets forth as the Statewide Language Access Policy.

Translation shall be in the twelve most common non-English languages spoken by individuals with limited-English proficiency in NYS, based on U.S. census data, and relevant to services offered by each of such agencies. In addition to the twelve languages, New York State Department of Health has identified four additional languages (Japanese, Hindi, Nepali, Burmese) for inclusion for translation, therefore bringing its total to 16 languages. In addition, each such agency is required to provide interpretation services between the agency and an individual in their primary language with respect to the provision of services or benefits.

New York State Department of Health is employing a phased approach to modifying agency systems or programs that require changes to collect the new demographic data required by the Asian American Pacific Islander (AAPI) Legislation. Given the intersections between the AAPI Legislation and the 2022 DOH Language Access Plan, as well as other state and federally mandated changes to other demographic fields like gender categories, the internal New York State Department of Health workgroup led by the Office of Minority Health and Health Disparities Prevention further analyzed data to identify the four additional languages.

Consistent with NYS Language Access Law Executive Law Section 202-a, update DOH’s language access plan every two years, which will include all progress since its last submission, and continue to translate any new vital document, including any essential public document; provide staff training on the agency’s legal obligations to provide language access services and how to obtain translation services.

[DOH’s language access plan](#) was last updated October 1, 2022.

Accessible Data and Information

Health Data NY, the Department of Health’s Open Data website, provides improved access to data for a range of stakeholders through the curation and release of health data and the development of digital tools. Executive Order 95, 9 NYCRR § 8.95 (2013) establishes an online *Open Data Website* administered by the Office of Information Technology Services for the collection and public dissemination of publishable state data, and, to the extent feasible,

reports. This Executive Order requires covered state entities, including DOH, to make publishable state data available on the Open Data Website.

The Health Data NY website features more than 500 official datasets on a range of topics, including facilities, managed care, hospital data, nursing home data, public health, environmental data, vital statistics, and surveillance. Published datasets inform the public and local health departments across New York State. Local health departments have been advised of this data tool and the use of [Health Data NY](#) as a resource for regional and zip code level outcomes. The website received over 500,000 Application Programming Interface (API) hits in 2023.

One of the most viewed datasets in 2023 is the [Medicaid Enrolled Provider Listing](#), featuring active Medicaid fee-for-service (FFS), Managed Care Only and Ordering, Prescribing, Referring, and Attending (OPRA) providers. The website also features the [Donate Life Organ Tissue Donor Registry Enrollment](#), a monthly snapshot of the number of enrollments by population in the New York State Donate Life Registry.

[The Freedom of Information Law \(FOIL\)](#), Article 6 (Sections 84-90) of the NYS Public Officers Law, provides the public with the right to access records maintained by government agencies with certain exceptions. DOH is committed to disclosure of public records to ensure accountability to the public and to promote public awareness of public health activities and decision-making.

The DOH Records Access Office receives and responds to approximately 500-600 FOIL requests per month. FOIL requests are accepted by postal mail, email, fax, or through the Department's online portal.

The DOH maintains public reporting of [COVID-19 outcomes](#). The Department continues to [closely monitor the COVID-19 epidemic across data sources](#) related to testing, hospitalization, fatalities, vaccination, variants, and a variety of other topics. These dashboards are continuously updated and improved to reflect changes in science and reporting requirements. New dashboards, such as wastewater testing and emergency department syndromic surveillance, have been recently added. The Department has published numerous studies related to the COVID-19 pandemic in leading medical and public health journals, leveraging these data to guide practice and policy related to COVID-19.

The DOH continues to enhance and expand the NYS Ending the Epidemic Dashboard System to measure, track and disseminate actionable information on progress towards achieving New York State's ETE Initiatives to all interested stakeholders. Data includes HIV testing, Pre-Exposure Prophylaxis (PrEP) utilization, Post Exposure Prophylaxis (PEP) use, new HIV diagnoses and condom use.

The DOH is establishing a Sexually Transmitted Infection (STI) Surveillance Dashboard. In addition to annually updated STI [surveillance data](#) that are publicly available, an STI Dashboard

is in development. A recent update is the inclusion of STI cases, STI rates per population, demographic information on the [Ending the Epidemic Dashboard](#).

The DOH has established policies and procedures for the preservation of governmental records. [Arts and Cultural Affairs Law § 57.05](#) establishes a framework of policies and procedures for the creation, maintenance, disposition, and selective preservation of State government records. The DOH requires all offices and programs, including health facilities, to comply with all records retention and disposition requirements set by the State Education Department, State Archives, Office of the State Comptroller, and other agency-specific directives. As part of this requirement, DOH has adopted the General Retention and Disposition Schedule for New York State Government Records established by State Archives. Additionally, DOH has established over five hundred agency specific Record Disposition Authorizations (RDA), and the Agency provides guidance to program areas concerning the following: the definitions of records, non-records, and records series; the process and procedure for establishing authorized retention and disposition schedules; transferring records to the State Records Center; and the identification of records with potential archival value.

The Department continues to update and streamline the [New York State of Health website](#) to ensure that the public can navigate and access the most up to date information. NY State of Health regularly posts enrollment data to its website, monthly dashboard reports specific to the redetermination effort underway for public program enrollees, and has a webpage dedicated to the State's pending State Innovation Waiver application before the Centers for Medicare and Medicaid Services. In addition, NY State of Health translates its consumer materials into 26 languages and has recently implemented a feature that translates website content into 106 languages instantly through a toggle feature.

INITIATIVES TO BE IMPLEMENTED IN 2024

The DOH has implemented [Section 2805-t of the Public Health Law](#). Entitled *Clinical staffing committees and disclosure of nursing quality indicators*, every licensed general hospital was required to submit its initial clinical staffing plan by July 1, 2022, and then annually July 1 thereafter.

This information is filed with the department by updating the [General Hospital Clinical Staffing Plan Template](#) using an electronic reporting system designated by the Department and also via submission of the staffing plan approved by the clinical staffing committee.

The law codified mandatory staffing levels at all hospitals in New York and opens the pathway to future universal ratios. The new law:

- Created staffing committees of nurses and frontline staff who meet with management to craft annual staffing plans that clearly indicate patient assignments for nurses and other direct care staff by unit and shift. Nurses and frontline caregivers must comprise at least half of the committees.

- Automatically includes all contractual staffing grids and ratios negotiated by NYSNA in the facility staffing plan, so that existing grids and ratios become both a model and a floor for the staffing standards that are possible.
- Made NYSNA's current grids and ratios NYS law—all while preserving the contractual enforcement rights on staffing.
- Made staffing data at every hospital public for the first time.
- Established all staffing plans as enforceable by the New York State Department of Health (DOH) with state penalties.

The Department will again post results of the template and the clinical staffing plans approved by the clinical staffing committees. The Department will also post a guide to the staffing complaint process.

The DOH maintains a multi prong approach to advise the public of environmental health threats such as contaminants in drinking water. While New York State DOH continues to review the evolving science around health risks associated with drinking water contaminants, the Department continues to update the public on [drinking water standards](#) as needed to protect public health. Multiple modalities are utilized to share information including the [DOH website](#), the [Drinking Water Council](#) and the public release of the [State of New York Public Water Supply Annual Compliance Report](#) [as examples]. New Yorkers who receive their drinking water from a public water supply can look up contaminant concentrations for their water supply at [Environmental Public Health Tracker – New York State Department of Health \(ny.gov\)](#); they can also search for their public water system's Annual Water Quality Report at [NYS Water Quality](#).