

# Limited Review Application

State of New York Department of Health  
Office of Primary Care and Health Systems Management

## LRA Cover Sheet

### Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

**Minor Construction** – Minor construction project with total project costs of up to \$30,000,000 for general hospitals and up to \$8,000,000 for all other facilities.

**Necessary LRA Schedules:** *Cover Sheet, 2, 3, 4, 5, and 6.*

**Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$30,000,000 for general hospitals and up to \$8,000,000 for all other facilities. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

**Necessary LRA Schedules:** *Cover Sheet, 2, 3, 4, and 5.*

**Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to \$30,000,000 for general hospitals and up to \$8,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check “Construction” above.*)

**Necessary LRA Schedules:** *Cover Sheet, 2, 6, 7, 8, 10, and 12.* \**If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

**Mobile Vans** – Project to certify a new mobile van extension clinic or replace a previously certified mobile extension clinic van.

**Necessary LRA Schedules:** *Cover Sheet, 2, 3, 4, 5, and 6.*

**Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (*If construction associated, also check “Construction” above.*)

**Necessary LRA Schedules:** *Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.*

**Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (*If construction associated, also check “Construction” above.*)

**Necessary LRA Schedules:** *Cover Sheet, 2, 8, 10, 11, and 12.*

OPERATING CERTIFICATE NO.	CERTIFIED OPERATOR	TYPE OF FACILITY
0101000H	Albany Medical Center Hospital	Hospital

OPERATOR ADDRESS – STREET & NUMBER 43 New Scotland Avenue		PFI 0001	NAME AND TITLE OF CONTACT PERSON Kara Ritschdorff, Director of Hospital Regulatory Affairs		
CITY Albany	COUNTY Albany	ZIP 12208	STREET AND NUMBER 43 New Scotland Avenue, MC-140		
PROJECT SITE ADDRESS – STREET & NUMBER 16 New Scotland Avenue	PFI 10256	CITY Albany	STATE NY	ZIP 12208	
CITY Albany	COUNTY Albany	ZIP 12208	TELEPHONE NUMBER (518) 262-8608	FAX NUMBER (518) 262-4727	
<b>TOTAL PROJECT COST:</b> \$ 2,511,820		CONTACT E-MAIL: <a href="mailto:ritschk@amc.edu">ritschk@amc.edu</a>			

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

## Schedule LRA 2

### Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition (attach documentation)	\$	
1.2 Building Acquisition	\$	
	1.1-1.2 Subtotal: 0.00	
2.1 New Construction	\$	
2.2 Renovation and Demolition	\$	
2.3 Site Development	\$	
2.4 Temporary Power	\$	
	2.1-2.4 Subtotal:	
3.1 Design Contingency	\$	
3.2 Construction Contingency	\$	
	3.1-3.2 Subtotal: 0.00	
4.1 Fixed Equipment (NIC)	\$	
4.2 Planning Consultant Fees	\$	
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	
4.4 Construction Manager Fees	\$	
4.5 Capitalized Licensing Fees	\$	
4.6 Health Information Technology Costs	\$	
4.6.1 Computer Installation, Design, etc.	\$	
4.6.2 Consultant, Construction Manager Fees, etc.	\$	
4.6.3 Software Licensing, Support Fees	\$	
4.6.4 Computer Hardware/Software Fees	\$	
4.7 Other Project Fees (Consultant, etc.)	\$	
	4.1-4.7 Subtotal:	
5.1 Movable Equipment	\$	
<b>6.1 Total Basic Cost of Construction</b>	\$	<b>2,510,820.00</b>
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	1,000.00
<b>8.1 Estimated Total Project Cost (Total 6.1 – 7.3)</b>	\$	<b>2,511,820.00</b>

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date 1/15/2026

Construction Completion Date 2/15/2026

(Rev. 1/31/2013)

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

## Schedule LRA 3

### Proposed Plan for Project Financing

#### A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # \_\_\_\_\_

ITEM	COST AS IF PURCHASED
	\$
	\$
	\$
	\$
	\$

#### B. CASH

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # AMHS Financials

Accumulated Funds	\$ 2,511,820.00
Sale of Existing Assets*	\$
Other – (i.e. gifts, grants, **etc.)	\$
<b>TOTAL CASH</b>	<b>\$ 2,511,820.00</b>

\*Attach a full and complete description of the assets to be sold.

Attachment # \_\_\_\_\_

\*\* If grants, attach a description of the source of financial support

Attachment # \_\_\_\_\_

#### C. DEBT FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing. **This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.**

Attachment # \_\_\_\_\_

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

\* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

# **Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues**

## **Contents:**

### **Schedule LRA 4/Schedule 7 - Environmental Assessment**

## Environmental Assessment

<b>Part I.</b>		The following questions help determine whether the project is "significant" from an environmental standpoint.	<b>Yes</b>	<b>No</b>
1.1		If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2		Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3		Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4		Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part II.</b>		If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	<b>Yes</b>	<b>No</b>
2.1		Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2		If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3		Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4		If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5		Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6		If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7		In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8		If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9		In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10		If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11		In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12		Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13		Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part III.</b>		<b>Yes</b>	<b>No</b>
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Agency Name:</b>		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	<b>Agency Name:</b>		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	<b>Agency Name:</b>		
Contact Name:			

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.			
			<b>Yes</b>	
			<input type="checkbox"/>	
			<b>No</b>	
			<input checked="" type="checkbox"/>	
		<b>Agency Name:</b>		
		Contact Name:		
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.			
		<b>Yes</b>		
		<input type="checkbox"/>		
		<b>No</b>		
		<input checked="" type="checkbox"/>		
<b>Part IV.</b>	<b>Storm and Flood Mitigation</b>			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.			
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).			
	<b>Moderate to Low Risk Area</b>			
	<b>Zone</b>	<b>Description</b>		
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	<b>B and X</b>	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.		

	<b>C and X</b>	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
	<b>High Risk Areas</b>		<b>Yes</b>	<b>No</b>
	<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	<b>A</b>	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
	<b>AE</b>	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
	<b>A1-30</b>	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
	<b>AH</b>	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
	<b>AO</b>	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
	<b>AR</b>	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
	<b>A99</b>	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
	<b>High Risk Coastal Area</b>		<b>Yes</b>	<b>No</b>
	<b>Zone</b>	<b>Description</b>		
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	<b>Zone V</b>	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>VE, V1 - 30</b>	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
	<b>Undetermined Risk Area</b>		<b>Yes</b>	<b>No</b>
	<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<b>D</b>	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

#### [FEMA Elevation Certificate and Instructions](#)

## **Limited Review Application**

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State of New York Department of Health/Office of Health Systems Management

## Schedule LRA 5

## Space & Construction Cost Distribution

New

## ☒ Alteration

1. If new construction is involved, is it "freestanding"? Yes  No

2. (Check where applicable) The facilities to be affected by this project are located in a:

Dense Urban Area  Other Metropolitan or Suburban Area  Rural Area

3. This submission consists of:  New Construction Report Number of pages \_\_\_\_\_  
 Alteration Construction Report Number of pages \_\_\_\_\_ Sch 6

**Do not use the master copy. Photocopy master and then complete copy if this schedule is required.**

# **Schedule 6**

## **Architectural/Engineering Submission**

### **Contents:**

- **Schedule 6 – Architectural/Engineering Submission**

**Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction**

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

**Instructions**

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
  - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
  - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#) (PDF) (Not to Be Submitted with Self-Certification Projects)
  - [Architect's Letter of Certification for Completed Projects](#) (PDF)
  - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
  - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
  - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - Attachments must be labeled accordingly when uploading in NYSE-CON.
  - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

**Architecture/Engineering Narrative**

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

<b>Project Description</b>	
Schedule 6 submission date: Click to enter a date.	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? <b>No</b> If so, what is the original CON number? <a href="#">Click here to enter text.</a>	
Intent/Purpose: <b>Applicant seeks to relocate its existing Article 28 hospital based extension clinic for Pulmonary Services located at 16 New Scotland Ave., Albany NY to 2 Clara Barton Drive, Albany NY.</b>	
Site Location: <b>2 Clara Barton Drive, Albany NY</b>	

# New York State Department of Health

## Certificate of Need Application

### Schedule 6

Brief description of current facility, including facility type: <b>The current existing facility is a 16,789 sq/ft hospital based extension clinic for Pulmonary services.</b>	
Brief description of proposed facility: <b>The proposed facility will be a 15,826 sq/ft, hospital based extension clinic for Pulmonary services.</b>	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. <b>Pulmonary Clinic (Business Occupancy) – First Floor</b> <b>*See included floor plan and functional program for additional information.</b>	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: <b>The proposed Pulmonary space will be a separated occupancy from adjacent Business Occupancies with 1 hour fire rated barrier walls.</b>	
If this is an existing facility, is it currently a licensed Article 28 facility?	<b>Yes</b>
Is the project space being converted from a non-Article 28 space to an Article 28 space?	<b>Yes</b>
Relationship of spaces conforming with Article 28 space and non-Article 28 space: <b>The Pulmonary (Article 28) space will share the first floor with a psychiatric outpatient clinic, Business Occupancy (Article 28 space)</b>	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. <b>N/A</b>	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below.  <b>The HVAC system will consist of a VVT Packaged RTU air handling system with three existing RTU's. An all new VVT zoning system is being retrofitted throughout the fit-up space. ASHRAE 170 does not apply, and ventilation systems are designed to meet the 2020 Mechanical Code of NYS.</b>	<b>Yes</b>
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.  <b>HVAC – Packaged RTU with VVT upgraded throughout in 2018 renovation.</b> <b>Power – Normal power distribution was upgraded throughout in 2018 renovation.</b> <b>FA – system upgraded in 2018</b> <b>Plumbing – service upgrades and all new distribution in 2018.</b> <b>FP – Fully sprinklered throughout.</b>	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.  <b>Existing VVT RTU's are being retrofitted to VVT zoning as described above.</b> <b>New panelboards are being installed in place of existing, and all new fit-up distribution provided.</b> <b>All new lighting throughout.</b> <b>Plumbing fit-up as extension from existing main infrastructure.</b>	
Describe existing and or new work for fire detection, alarm, and communication systems:  <b>New manual fire alarm fit-up and distribution will be extended from the new head end installed in 2018. The Fire Alarm and Detection System will be in accordance with NFPA 72 National Fire Alarm &amp; Signaling Code.</b>	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a> , and describe the work to mitigate damage and maintain operations during a flood event. <b>N/A</b>	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. <b>N/A</b>	
Does the project comply with ADA? If no, list all areas of noncompliance.	

# New York State Department of Health

## Certificate of Need Application

### Schedule 6

<b>The project is fully compliant with all ADA requirements.</b>	
Other pertinent information: <b>None</b>	
Project Work Area	Response
Type of Work	Choose an item.
Square footages of existing areas, existing floor and or existing building.	<b>16,789 sf</b>
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	<b>15,826 sf</b>
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	<b>Sprinklered throughout</b>
Construction Type per NFPA 101 Life Safety Code and NFPA 220	<b>Type II (000)</b>
Building Height	<b>±30'-0"</b>
Building Number of Stories	<b>2-stories</b>
Which edition of FGI is being used for this project?	<b>2018 Edition of FGI</b>
Is the proposed work area located in a basement or underground building?	<b>Not Applicable</b>
Is the proposed work area within a windowless space or building?	<b>No</b>
Is the building a high-rise?	<b>No</b>
If a high-rise, does the building have a generator?	<b>Not Applicable</b>
What is the Occupancy Classification per NFPA 101 Life Safety Code?	<b>Chapter 38 New Business Occupancy</b>
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. <b>Business Occupancies</b>	<b>Yes</b>
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? N/A	<b>No</b>
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. N/A	<b>No</b>
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? N/A	<b>No</b>
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. N/A	<b>Not Applicable</b>
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. N/A	<b>Not Applicable</b>
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? N/A	<b>Not Applicable</b>
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. N/A	<b>Not Applicable</b>
Changes in the number of occupants? If yes, what is the new number of occupants? N/A	<b>Not Applicable</b>
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? N/A	<b>No</b>
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	<b>Not Applicable</b>
Does the existing EES system have the capacity for the additional electrical loads? N/A	<b>Not Applicable</b>
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. N/A	<b>Not Applicable</b>
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. N/A	<b>No</b>

**New York State Department of Health  
Certificate of Need Application**

**Schedule 6**

If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	<b>Not Applicable</b>
Does the project involve a pool?	<b>No</b>

**New York State Department of Health  
Certificate of Need Application**

**Schedule 6**

<b>REQUIRED ATTACHMENT TABLE</b>			
<b>SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL</b>	<b>DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION</b>	<b>Title of Attachment</b>	<b>File Name in PDF format</b>
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF



KATHY HOCHUL  
Governor

## Department of Health

JAMES V. McDONALD, M.D., M.P.H.  
Acting Commissioner

MEGAN E. BALDWIN  
Acting Executive Deputy Commissioner

### SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Date: 12/12/2025

CON Number:

Facility Name: Albany Medical Center Hospital - Pulmonary Medicine Clinic of AMCH

Facility ID Number: 10256

Facility Address: 16 New Scotland Ave., Albany NY

NYS Department of Health/Office of Health Systems Management  
Center for Health Care Facility Planning, Licensure and Finance  
Bureau of Architectural and Engineering Review  
ESP, Corning Tower, 18<sup>th</sup> Floor  
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of construction documents and specifications for the aforementioned construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the programmatic requirements for the aforementioned and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a.  712 (Standards of Construction for General Hospital Facilities)
  - b.  713 (Standards of Construction for Nursing Home Facilities)
  - c.  714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d.  715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e.  716 (Standards of Construction for Rehabilitation Facilities)
  - f.  717 (Standards of Construction for New Hospice Facilities and Units)
4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the pre-opening survey findings of deficiencies by the NYSDOH Regional Office, to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

### SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.

Project Name: Albany Medical Center Pulmonology

Location: 2 Clara Barton Dr., Albany NY

Description: Relocation of certified Pulmonology services

Signature of NYS Licensed Architect/Engineer

Benjamin J. Nassivera

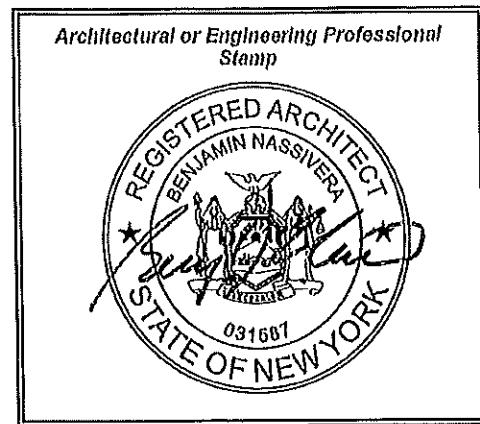
Name of Architect/Engineer (Print)

031587

Professional New York State License Number

302 Washington Ave. Ext., Albany NY 12203

Business Street Address, City, State, Zip Code



The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

\_\_\_\_\_  
Authorized Signature for Applicant

12/23/2025

Jason Mouzakes, M.D. - EVP & Hospital General Director

Name (Print)

Title

Date

*Notary signing required for the applicant*

STATE OF NEW YORK

)

County of Albany

) SS:

DECEMBER

On the 23 day of 2025 before me personally appeared Jason Mouzakes, M.D., to me known, who being by me duly sworn, did depose and say that he/she is the EVP & Hospital General Director of the Albany Medical Center Hospital, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

MICHELLE ZENKER  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01ZE6429866  
Qualified in Rensselaer County  
My Commission Expires 02-28-2026

(Notary) M Zenker

Project Eligibility Checklist for Architectural/Engineering Self-Certification			
	<p>Does the project include any of the following?</p> <p>1. Is a waiver or exceptions required?</p> <p>2. Will the project costs exceed \$15,000,000.00 (fifteen million dollars.)?</p> <p>3. Is Bulk Oxygen /Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. Hyperbaric Chambers</li> <li>b. Bulk Systems include Nitrous Oxide System and Oxygen System: Definitions as defined below:</li> </ul> <p>Bulk Nitrous Oxide System. An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb (1452 kg) [approximately 28,000 ft<sup>3</sup> (793 m<sup>3</sup>) (NTP)] of nitrous oxide. (PIP)ground</p> <p>Bulk Oxygen System* An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft<sup>3</sup> (566 m<sup>3</sup>) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)</p> <p>4. Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following;</p> <ul style="list-style-type: none"> <li>a. Observation Units for behavioral health in ED's.</li> <li>b. Behavioral health located within inpatient settings.</li> <li>c. Nursing Homes or other facilities with Dementia Units that are locked.</li> <li>d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.</li> </ul> <p>5. Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers? Examples, include but not limited to the following.</p> <ul style="list-style-type: none"> <li>a. Endoscopy Procedure Rooms</li> <li>b. Procedure Rooms</li> <li>c. Operating Rooms</li> <li>d. Interventional Imaging <ul style="list-style-type: none"> <li>i. Located in procedure rooms</li> <li>ii. Located in operating rooms</li> </ul> </li> </ul> <p>6. Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements? Examples, include but not limited to the following:</p> <ul style="list-style-type: none"> <li>a. New Ambulatory Surgery Center</li> <li>b. Endoscopy Centers and or Other Procedure Rooms</li> <li>c. Free Standing Emergency Departments providing Definitive Care.</li> </ul> <p>7. Is this project intended to provide Ventilator units for patients located in nursing homes?</p> <p>8. Does this project involve Airborne infection isolation (AII) room?</p> <p>9. Does this project involve Protective environment (PE) room?</p>	YES If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.	NO
1.		X	
2.		X	
3.			
4.		X	
5.		X	
6.		X	
7.		X	
8.		X	
9.		X	

**New York State Department of Health**  
**Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

**Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.**

**Table A.**

<b>Diagnostic and Treatment Centers for HEIA Requirement</b>	<b>Yes</b>	<b>No</b>
Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?		
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?		

- **If you checked “no” for both questions in Table A,** you do not have to complete Section B – this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.
- **If you checked “yes” for either question in Table A,** proceed to Section B.

**Section B. All Article 28 Facilities**

**Table B.**

<b>Construction or equipment</b>	<b>Yes</b>	<b>No</b>
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: <ol style="list-style-type: none"><li>a. Elimination of services or care, and/or;</li><li>b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or;</li><li>c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours?</li></ol> <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i>		X

<i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>		
<b>Establishment of an operator (new or change in ownership)</b>	<b>Yes</b>	<b>No</b>
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity</b>	<b>Yes</b>	<b>No</b>
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>Acquisitions</b>	<b>Yes</b>	<b>No</b>
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
<b>All Other Changes to the Operating Certificate</b>	<b>Yes</b>	<b>No</b>
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	X	

\*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked “yes” for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
  - HEIA Requirement Criteria with Section B completed
  - HEIA Conflict-of-Interest

- HEIA Contract with Independent Entity
- HEIA Template
- HEIA Data Tables
- Full version of the CON Application with redactions, to be shared publicly
- ***If you checked “no” for all questions in Table B***, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

## New York State Department of Health

### Health Equity Impact Assessment Conflict-of-Interest

*This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.*

#### Section 1 – Definitions

**Independent Entity** means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

**Conflict of Interest** shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

#### Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility's project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e. individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

#### Section 3 – General Information

##### **A. About the Independent Entity**

1. Name of Independent Entity: Crescendo Consulting Group, LLC

2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/N)?

If yes, indicate the name of the organization:

\_\_\_\_\_

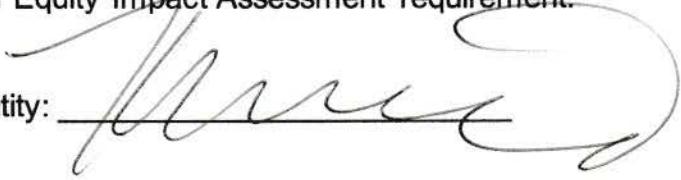
3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

This is the first engagement that Crescendo has worked with Albany Med. Crescendo did complete two HEIAs for Saratoga Hospital, which is affiliated with Albany Med, in 2024.

#### **Section 4 – Attestation**

I, Katlyn Michael (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Crescent (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project Albany Med Pulmonary (PROJECT NAME) provided for Albany Med (APPLICANT) has been conducted in an Relocation independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: 

Date: 12/21/2025

## New York State Department of Health

### Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

#### **SECTION A. SUMMARY**

1. Title of project	<i>Albany Med Pulmonary Clinic Relocation</i>
2. Name of Applicant	<i>Albany Med</i>
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<i>Crescendo Consulting Group Katelyn Michaud, MPH Managing Principal <a href="mailto:katelynm@crescendocg.com">katelynm@crescendocg.com</a></i>
4. Description of the Independent Entity's qualifications	<i>Crescendo Consulting Group is a boutique woman-owned consulting firm specializing in conducting community health needs assessments, community needs assessments, and strategic plans for hospitals and health systems, FQHCs, CCBHCs and behavioral health organizations, community action agencies, and other non-profits across the United States.</i>
5. Date the Health Equity Impact Assessment (HEIA) started	<i>October 1, 2025</i>
6. Date the HEIA concluded	<i>November 30, 2025</i>

#### **7. Executive summary of project (250 words max)**

*Albany Med Pulmonary Care is relocating from its current location at 16 New Scotland Avenue to 2 Clara Barton Drive in Albany, which is approximately a 1-mile move. The new location will have a parking lot, which is not available at its current location, and the practice will be located on the first floor.*

#### **8. Executive summary of HEIA findings (500 words max)**

*Respiratory conditions can affect any medically underserved groups or community residents and there are several risk factors, such as environmental factors, socioeconomic status, gender, race/ethnicity, and lifestyle choices that may increase a person's likelihood of developing a respiratory condition that would require a pulmonologist.*

*Albany Med Pulmonary Care is one of three providers in the Capital Region and one of the only providers that accepts Medicaid patients. Providers have seen an increase in referrals and are projecting over 7,000 patient visits in 2025.*

*By relocating the practice to Clara Barton Drive, the patients will have better access to parking, and the clinic will be more accessible for people with mobility challenges. The new clinic location is a bit further away from a bus stop for patients utilizing public transportation. However, the relocation should have minimum impact on the medically underserved groups and community at large.*

## **SECTION B: ASSESSMENT**

**For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.**

### **STEP 1 – SCOPING**

- 1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

*Please reference the separate HEIA Data Tables document for the demographic data.*

- 2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- Older adults
- Persons living with a prevalent infectious disease or condition
- Persons living in rural areas
- People who are eligible for or receive public health benefits

- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care
- Not listed (specify):

**3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

*Publicly available demographic data was collected on each of the above medically underserved groups and augmented with qualitative and internal deidentified Albany Med Pulmonary Medicine patient data to determine which medically underserved groups will be impacted by the relocation of the clinic from its current location at 16 New Scotland Avenue in Albany to 2 Clara Barton Drive in Albany.*

*Publicly available data from the US Census Bureau was used.*

**4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?**

Medically Underserved Groups	Impact on Unique Health Needs or Quality of Life
Low-Income people	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. In 2024, Albany Med provided [redacted] for patients at the clinic. Additionally, 34% of patients from January 2025 to August 2025 were Medicaid or Medicaid Managed, indicating that at least one in three patients may be considered low-income.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Low-income people may experience a greater impact on the relocation of practice if they do not have reliable transportation. While the new location is near a bus stop, not everyone lives on a public transportation route and must rely on personal transportation or other transportation options.</i></p>

	<p><i>Research studies show an association between low-income households and pulmonary conditions, such as COPD and other respiratory diseases.<sup>1</sup></i></p>
<b>Racial and ethnic minorities</b>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics. However, some studies have identified potential disparities with certain conditions. For example, Black or African Americans with pulmonary fibrosis are diagnosed, hospitalized, and die younger than White and Hispanic patients.<sup>2</sup></i></p> <p><i>While a majority of patients at the clinic are White (73%), 11% identify as Black or African American, 11% as Other, and 2% as Asian from January 2025 to August 2025.</i></p>
<b>Women</b>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. From January 2025 to August 2025, 55% of the patients at the clinic identified as a woman.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics; however, gender is a risk factor for certain conditions. Over half the patients (55%) at the clinic from January 2025 to August 2025 identified as female.</i></p>

<sup>1</sup> Socioeconomic Inequity in Respiratory Health in the US from 1959 to 2018.

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2780281>

<sup>2</sup> Racial Disparities in Pulmonary Fibrosis Outcomes. <https://www.nih.gov/news-events/nih-research-matters/racial-disparities-pulmonary-fibrosis-outcomes>

	<p><i>Women have higher incidences of asthma, COPD (co-occurring with asthma), idiopathic pulmonary hypertension, and non-smoking-related lung cancers.<sup>3</sup></i></p>
<p><b>Lesbian, gay, bisexual, transgender, or other-than-cisgender people</b></p>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics.</i></p> <p><i>The LGBTQ+ population does have a higher risk for respiratory diseases such as asthma and COPD due to environmental exposures such as air pollution and smoking.<sup>4</sup></i></p>
<p><b>People with disabilities</b></p>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics.</i></p> <p><i>COPD is considered a SSDI qualifying disability depending on severity. Studies have also found that people living with a disability are more likely to have COPD compared to people without disabilities.<sup>5</sup></i></p>

<sup>3</sup> Gender-specific Care for Women with Pulmonary Diseases. <https://www.brighamandwomens.org/lung-center/advances-newsletters/gender-specific-care-program-for-women-with-pulmonary-diseases>

<sup>4</sup> Queering Environmental Justice: Unequal Environmental Health Burden on the LGBTQ+ Community.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8713623/#:~:text=The%20LGBTQ%20population%20is%20at,smoking%2C%20stress%2C%20and%20victimization.&text=However%2C%20environmental%20conditions%2C%20such%20as,complications%20by%20increasing%20lung%20inflammation.&text=Some%20other%20health%20outcomes%20related,pollution%20has%20not%20been%20studied.>

<sup>5</sup> Growing Disparity in the Prevalence of Chronic Obstructive Pulmonary Disease between People with and Without Disabilities. <https://www.nature.com/articles/s41598-023-39319-8>

<b>Older adults</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. From January 2025 to August 2025, 44% of the clinic's patients were 65 years or older, which suggests that nearly half of the patients are considered older adults.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics; however, increasing age is a risk factor. Older adults are at a greater risk for COPD and idiopathic pulmonary fibrosis.<sup>6</sup> They may also be more likely to be homebound with limited transportation options, which can be a barrier of care for them.</p>
<b>Persons living with a prevalent infectious disease or condition</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Persons living with a prevalent infectious disease or condition may have HIV/AIDS or another auto-immune disease that impacts their immune system and make them more susceptible to pulmonary conditions that require ongoing care from a specialist.</p>
<b>Persons living in rural areas</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current</p>

<sup>6</sup> Aging and Lung Disease. Clinical Impact and Cellular Molecular Pathways.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6137674/>

	<p><i>location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics.</i></p> <p><i>The biggest barrier for people living in rural areas is transportation. The public transportation system in the area does not extend into the rural communities. Some patients drive nearly an hour to the current practice. While most people in the survey supported the relocation of the practice, several people said the new location is not as convenient for them.</i></p> <p><i>Additionally, there may be people living in rural communities that don't have a personal vehicle or reliable transportation and will experience a much harder time accessing pulmonary services regardless of the location of the practice.</i></p>
<p><b>People who are eligible for or receive public health benefits</b></p>	<p><i>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. In 2024, Albany Med provided \$3,031.87 in charity care for patients at the clinic. Additionally, 34% of patients from January 2025 to August 2025 were Medicaid or Medicaid Managed, indicating that at least one in three patients may be considered low-income and possibly eligible for public health benefits.</i></p> <p><i>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</i></p> <p><i>Pulmonary conditions may occur in any person regardless of demographics.</i></p> <p><i>People who are eligible for or receive public health benefits likely also fall into at least one other medical underserved groups, like low-income or older adults. People who are eligible or receive Medicaid will likely have similar impacts of low-income people. However, people who are either on Medicaid or Medicare often have more options for transportation, which will help increase their access to care. By increasing access to pulmonary services, health outcomes for this population may improve.</i></p>

	<p>From January 2025 to August 2025, 34% of the patients were on Medicaid or Medicaid Managed plans and 20% were on Medicare.</p>
<b>People who do not have third-party health coverage or have inadequate third-party health coverage</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice. In 2024, Albany Med provided _____ for patients at the clinic. This suggests that some patients may not have health insurance or high-deductible health plans.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics.</p> <p>People who identify as this medically underserved group likely fall into other medically underserved groups. People who are uninsured experience more barriers to access to care, especially around ability to pay and may put off their care. Albany Med does provide charity care to patients who are eligible. Awareness of this program may be a barrier. An uninsured person generally has poor health outcomes that negatively impact their health.</p>
<b>Other people who are unable to obtain health care</b>	<p>While Albany Med Pulmonary may provide services to this Medically Underserved Group, it is hard to quantify how many people in the community this may impact with the relocation of the practice.</p> <p>The new location at 2 Clara Barton Drive is a first-floor unit that provides ample parking in an attached parking lot. The current location does not have a parking lot and relies on valet parking. However, the current location is on the bus line, whereas the new location bus stop is a longer walk.</p> <p>Pulmonary conditions may occur in any person regardless of demographics.</p> <p>People who are unable to obtain health care are likely to experience worse health outcomes than other medically underserved groups for a variety of reasons. The ability to pay is typically one of the top barriers for people when it comes to obtaining health care.</p>

	<p>services. Transportation and available hours or wait times are other common barriers to accessing care.</p> <p>Albany Med provides charity care for patients who are eligible as discussed above</p>
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**5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?**

*All medically underserved groups may need pulmonary care currently or in the future. The patient panel demographics from January 2025 to August 2025 are as follows:*

	<b>Percent</b>
<b>Gender</b>	
Female	55%
Male	45%
<b>Race</b>	
White	73%
Black or African American	11%
Other	11%
Unknown	2%
Asian Indian	1%
Other Asian	1%
<b>Ethnicity</b>	
Not Hispanic, Latino/a, or Spanish origin	88%
Unknown	8%
Other Hispanic, Latino/a, or Spanish origin	3%
Puerto Rican	1%
Decline to Answer	1%
<b>Age</b>	
0-17	0%
18-64	56%
65+	44%

*It is expected that the patient volume will continue to grow with the new clinic location that provides easier parking. The projected full-year patient visits for 2025 are 7,327. While there are pulmonary providers in the Capital Area, Albany Med Pulmonary Care is one of the few that accepts Medicaid patients. One provider at the clinic stated that they get a lot of referrals from other specialists who don't accept Medicaid.*

*One clinic provider said they have seen an increase in demand for services and consultations with other specialists. He said the increase may be due to the lack of*

*specialist providers in the community and also the shift to mid-level providers at many primary and specialty cares that may not have the experience to treat pulmonary disease that would have historically been taken care of by a physician.*

*While the patient volume is projected to continue to grow, it is expected that there will be no impact to the medically underserved groups discussed above, which include Low-income people, racial and ethnic minorities, women, lesbian, gay, bisexual, transgender, or other-than-cisgender people, people with disabilities, older adults, persons living with a prevalent infectious disease or condition, persons living in rural areas, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or have inadequate third-party health coverage, and other people who are unable to obtain health care. It is expected that these medically underserved groups will continue to use the pulmonary services at the same rates as they do today.*

**6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?**

*There are at least three pulmonary clinics in the Capital Area, including Albany Med. St. Peter's Health Partners Pulmonary and Critical Care Services (Albany), CapitalCare Pulmonary Medicine (Niskayuna) both provide pulmonary care.*

*Some pulmonary conditions, such as asthma, may also be managed by primary care providers in the area.*

**7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?**

*While the share of patients is unknown, it is one of only a few pulmonary practices in the Capital Area. Patients from the region in need of pulmonary care visit Albany Med's clinic more than 7,000 times each year.*

*Albany Med projects its visit volume to remain the same or grow slightly.*

**8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

*Albany Med provides financial assistance to patients that qualify. In 2024, Albany Med provided financial assistance to patients at the Albany Med Pulmonary clinic. Access to financial assistance for patients at the pulmonary clinic will not be impacted by the clinic's relocation.*

**9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.**

*The relocation of the clinic is not expected to impact physician or professional staff at the clinic. However, there is a shortage of pulmonologists in the United States. Research estimates that over 5.6 million Americans lives in a "pulmonology desert."<sup>7</sup> In the future, based on demand, Albany Med Pulmonary may hire a new provider.*

**10. Are there any civil rights access complaints against the Applicant? If yes, please describe.**

*No, there are no civil rights complaints against the Applicant.*

**11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.**

*No, this is the first project.*

## **STEP 2 – POTENTIAL IMPACTS**

- 1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
  - a. Improve access to services and health care**
  - b. Improve health equity**
  - c. Reduce health disparities**

*By relocating the pulmonary clinic from 16 New Scotland Avenue to 2 Clara Barton Drive, it will help increase access to the clinic for most medically underserved groups. The clinic will be located on the first floor of the building, which will help people with mobility limitations and there is ample parking in the attached parking lot. The current location at New Scotland Avenue does not have parking and patients must utilize valet parking.*

*Unfortunately for patients who utilize the CDTA (local public bus service), the closest bus stop on Holland Avenue is a four-minute walk through a parking lot to the new clinic building. For patients who utilize public transportation, the new location could be less accessible than the current location.*

*The pulmonary clinic is vital in providing specialty care in the community, especially for patients on Medicaid and rural patients. Patients who live in rural communities outside of Albany often travel for an hour or more for care due to provider shortages. Albany*

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<sup>7</sup> Mapping Pulmonology Deserts in 2025: Where Area American Having Trouble Getting Lung Care?  
<https://www.goodrx.com/healthcare-access/research/pulmonology-deserts-update?rsltid=AfmBOopBvgNH6iUCSUKEF4z3xM3ftN58bEXT9flU19smNSaYpOYlQui>

*Med Pulmonary will continue to provide care to all medically underserved groups identified in Step 1 Question 2 to improve access to services and health care, improve health equity, and reduce health disparities in the Capital Region.*

- 2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.**

*Moving the pulmonary practice to a new location approximately 1 mile down the road from its current location should have no or minimum negative impact to health equity for all medically underserved groups, which include low-income people, racial and ethnic minorities, women, lesbian, gay, bisexual, transgender, or other-than-cisgender people, people with disabilities, older adults, persons living with a prevalent infectious disease or condition, persons living in rural areas, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or have inadequate third-party health coverage, and other people who are unable to obtain health care.*

*The only identified potential negative impact is to people who utilize the public transportation system may need to walk approximately four minutes to the clinic due to the location of the bus stop.*

*There are only three pulmonary clinics in the region and members of the identified medically underserved groups are expected to continue seeking services at the new location.*

- 3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

*The amount of indigent care is not expected to change with the relocation of the practice.*

- 4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.**

*The new location at 2 Clara Barton Drive does not have a bus stop directly in front of the building. The closest Capital District Transportation Authority (CDTA) is located on Holland Avenue in front of the New York State Office for People with Developmental Disabilities. Patients can walk through the parking lot of the New York State Office for People with Developmental Disabilities to the new pulmonary clinic, which is approximately a four-minute walk.*

*For seniors, ACCESS Transit Services will provide door-to-door transportation to non-emergency medical appointments. Special Transit Available by Request (STAR) is available for people with disabilities. It is a door-to-door transportation service.*

*The new location is easily accessible by private transportation and has ample parking at the location for patient vehicles.*

**5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.**

*The Americans with Disabilities Act (ADA) requires that all health care entities provide full and equal access for people with disabilities. The new pulmonary location meets all ADA requirements, and no major renovations are proposed for the project. Additionally, the new clinic location will be on the first floor of the building.*

**6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

*The proposed project is not related to the provision of maternal health care services and comprehensive reproductive health care services. Pulmonary does not provide any of these services, and therefore, will not impact the services in the community. However, pregnant women may access pulmonary care for non-pregnancy related issues.*

**Meaningful Engagement**

**7. List the local health department(s) located within the service area that will be impacted by the project.**

*Albany County Department of Health, 175 Green Street, Albany, NY 12202*

**8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**

*Yes, they participated in a key informant interview.*

**9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.**

*Please see the table in the separate document for the required information.*

**10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?**

*All key informants and the organizations and/or medically underserved groups they represent may be impacted by the project. No one has expressed major concern for the project.*

**11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

*A short online survey was distributed to Albany Med Pulmonary current and past patients via email. A total of 478 people took the survey between October 10, 2025 to November 4, 2025. Nearly 90% of the respondents identified as White. The respondents self-identified as the following medically underserved groups (please note: not everyone answered the question and some people selected multiple options):*

Medically Underserved Group	Number of Respondents
Low Income	37
Immigrant or Migrant	0
Woman	198
LGBTQIA+	14
People Living with a Disability	99
Person Living with an Infectious Disease or Condition	23
Person Living in a Rural Community	45
Person Who is Eligible for or Receives Public Health Benefits	26
Person Who Does Not have Health Insurance	0
None of These	161

*When asked if the respondents supported the relocation of the pulmonary clinic, 79.9% (n=382) answered yes. Only 23 respondents said "no." For those respondents that answered "no," the most common reasons why they did not support the move was that the clinic is at a convenient location to them already or they did not want it to move further away from the hospital in case they need diagnostic testing.*

*When asked about current challenges or barriers to accessing the current location of the pulmonary current, the lack of parking was the major challenge followed by the second floor location, and traffic.*

*Key informant interviews were also completed with people or organizations that represent medically underserved groups in the Capital region. All key informants supported the relocation of the pulmonary clinic. More information can be found in the Meaningful Engagement table.*

**12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.**

*It is unknown if immigrants or persons with no health insurance participated in the survey as not everyone chose to answer the question about medically underserved groups. It is possible that individuals in these medically underserved groups received the survey but chose not to participate.*

### **STEP 3 – MITIGATION**

- 1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
  - a. People of limited English-speaking ability**
  - b. People with speech, hearing or visual impairments**
  - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**

*Albany Med Pulmonary is affiliated with Albany Med, a not-for-profit hospital system that must accommodate patients who may have limited English proficiency, or a language-based disability or impairment. Albany Med providers and staff have access to translation services and interpreters through its Language Line services available as needed to help assist people with limited or no English-speaking ability and people with speech, hearing or visual impairments.*

- 2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?**

*No additional changes are suggested as current processes are adequate for the community.*

- 3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?**

*As the relocation progresses, Albany Med can continue to communicate with stakeholders, community members, and patients on the relocation date and new address of the practice to mitigate any confusion. For patients who utilize public transportation, Albany Med can provide detailed directions on how to get to the new clinic location.*

- 4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?**

*A study estimates that over 5.6 million Americans live in a “pulmonology desert,” which is a county in which more than half of its residents live at least one hour away from the*

nearest pulmonology provider.<sup>8</sup> Access to pulmonology care is critical for people living with COPD, asthma, and other respiratory conditions.

Albany Med is one of the only pulmonary providers in the Capital Region that accepts Medicaid patients, thus it is critical for providing specialty services for low-income people and people on public insurance programs. Albany Med also provides charity care for patients who may need financial assistance.

The new location of the clinic is at an existing Albany Med medical building with ample parking in the attached parking lot, which was missing from the clinic's current location. The pulmonary clinic will be located on the first floor, which may increase accessibility for people with mobility challenges.

The two most common barriers that people experience when accessing health care services is financial (ability to pay) and transportation. The new location addresses both barriers.

#### STEP 4 – MONITORING

**1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?**

Albany Med currently conducts patient satisfaction surveys on an annual basis and after each patient visit for all their clinics. Additionally, the Hospital also has a formal complaint process that requires review and follow-up for any patient complaint at any of its practices.

**2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**

None are recommended at this time.

#### STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

Albany Med intends to post the HEIA on the website as required.

**OPTIONAL:** Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

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<sup>8</sup> Mapping Pulmonology Deserts in 2025: Where Are Americans Having Trouble Getting Lung Care?  
[https://www.goodrx.com/healthcare-access/research/pulmonology-deserts-update?srsltid=AfmBOoqSRpJw1fMDb3Mru8jPOBpNHC8Ezt7\\_BmaY2p\\_BulmoPHEuCO\\_B](https://www.goodrx.com/healthcare-access/research/pulmonology-deserts-update?srsltid=AfmBOoqSRpJw1fMDb3Mru8jPOBpNHC8Ezt7_BmaY2p_BulmoPHEuCO_B)

----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

### SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

*Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.*

#### I. Acknowledgement

I, JASON MOUZAKES, M.D., attest that I have reviewed the Health Equity Impact Assessment for the ALBANY MED PULMONARY CLINIC RELOCATION that has been prepared by the Independent Entity, CRESCENDO CONSULTING GROUP.

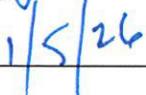
Jason Mouzakes, MD

Name

EVP & Hospital General Director

Title

Signature



Date

#### II. Mitigation Plan

**If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)**

***Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.***

*If approved, deliberate steps will be taken to ensure the relocation of the pulmonology clinic does not negatively affect medically underserved groups. The move is not expected to alter service capacity or clinical offerings; however, measures will be implemented to safeguard access and minimize disruption.*

*Mitigation strategies include clear, multilingual communication about the new location and changes to parking or building access. Staff will be available to provide wayfinding support.*

*Following the relocation, the clinic will monitor utilization patterns, no-show rates, and patient feedback, with particular attention to underserved groups. Any identified gaps will be addressed through operational adjustments, enhanced communication, or additional patient support to ensure continuity of timely pulmonary care.*