New York State Department of Health

Health Equity Impact Assessment Conflict of Interest Form

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 means 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.

Stakeholders shall include individuals or organizations currently or anticipated to be served by the facility, employees of the facility including facility boards or committees, public health experts including local health departments, residents of the facility's service area and organizations representing those residents, patients or residents of the facility, community-based organizations, and community leaders.

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, an individual or organization hired to compile the Certificate of Need application for the facility's project cannot be the same individual or organization 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 other incentive from the Applicant in addition to the fair market value cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

About the Independent Entity

1. Name of Independent Entity: MP Caresolutions, dba Elm and Oak Health
2. Is the Independent Entity a division/unit/branch/associate/employee of, or in a similar role in relationship to, an organization (Y/N)?
   ☒ If yes, indicate the name of the organization:
   Monroe Plan for Medical Care
3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
   Yes
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity or any organization to which the Independent Entity has belonged performed any work for the Applicant in the last 5 years?

   The Independent Entity has performed Health Equity Impact Assessments for associated companies of the Applicant, RRH St. Lawrence and RRH Clifton Springs Hospital, and Rochester General Hospital.

   The Monroe Plan for Medical Care and an associated company, Yourcare Health Plan has contracts with RRH for physician, consulting health professionals, and ancillary services.

Section 4 – Attestation

I, Howard R. Brill (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of MP Caresolutions, dba Elm and Oak Health (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project NWCH Maternity Closure (PROJECT NAME) provided for NWCH (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I attest that the feedback and personal information collected from stakeholders through the meaningful engagement process is legitimate, having not been altered, misrepresented, or falsified in any manner.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment and on this Conflict of Interest form 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: Howard R. Brill

Date: 07/15/2026