

City Council Budget Hearing

Testimony by Acting Chief Medical Examiner Dr. Barbara Sampson

New York City Office of Chief Medical Examiner

Fiscal Year 2015

Good morning Chairman Johnson and members of the Health Committee.

I am Dr. Barbara Sampson, Acting Chief Medical Examiner. Joining me today is Barbara Butcher, OCME's Chief of Staff and Dina Maniotis, Deputy Commissioner for Administration.

Today we are pleased to discuss the Fiscal Year 2015 Budget for the Office of Chief Medical Examiner, but first, we would like to update you on the key agency initiatives that we brought before you in March.

In our Forensic Biology laboratory the new Director revamped the laboratory system and operations, reorganized procedures, and developed a plan to restructure operations to reduce turn-around time for DNA test results. Some may wonder why turn-around time for results is so important, and why a financial investment in restructuring a lab is worthwhile. In short, by reducing DNA test turn-around time, we reduce costs to individuals and agencies; shortening investigations and incarcerations, arresting perpetrators more quickly, and ensuring victims of crimes that they will not wait unduly for justice. For every day that an investigation or prosecution goes on for lack of a DNA test result, for every day that a victim of sexual assault worries that her perpetrator is on the streets attacking others, and for every day that an innocent individual is kept behind bars, we pay a price both in human and financial terms.

We at OCME will use our skills and the financial support of the City to ensure that our citizens are better served, and that we maintain our position as the best laboratory in the nation. Thus, we worked closely with OMB on a new needs request to reshape the staffing

of the DNA laboratory to ensure rapid and accurate results while maintaining our ability to stay at the forefront of developments in new and more efficient technologies.

Last year City Council enacted Legislation to provide transparency into the workings of the DNA and other laboratories, which we have embraced. Root cause analysis protocols have been created, and all proficiency tests and lab manuals are published online. In our new needs application we requested to hire a Quality Assurance Director so as to ensure that errors do not go undetected and preventive measures are constantly examined.

We are pleased to report that our most pressing budget needs have been met, and are grateful to the Mayor, our Deputy Mayor Dr. Lilliam Barrios-Paoli, and our colleagues at OMB. The OCME non-Grant expense budget for FY 15 is \$59.6 million, which includes a budgeted headcount of 594. The most significant change from the January Plan is full funding for the restructuring of the Forensic Biology Criminalist lines in the amount of \$2.36M. In addition, we received funding for an agency Quality Assurance Director, as mandated by last year's Council legislation, and monies for a Fire Safety contract due to Life Safety issues at our headquarters building, where we will soon install a new Fire alarm system.

In January 2014 the average number of days to complete all cases submitted to the Forensic Biology Laboratory was 94 days. With the \$2.36 million expense infusion for re-structuring the laboratory, we will fully implement a new system and aim for a very aggressive goal of a turn-around-time of 30 days.

The \$0.5 million for previously unfunded and grant funded lab Criminalists ensures that the 8 essential positions continue to support our planned structural improvements without additional adverse impact on workload and capability.

This is a good point to mention our ongoing efforts in DNA identification of the victims of the 9/11 attack on the World Trade Center. We remain fully committed to the efforts to recover and identify every World Trade Center victim. The scientists in our DNA laboratory

test and re-test samples every time a new technique or method comes out in the hope of making new identifications.

Recently, the remains of the victims in our safekeeping were transferred to the Repository at the World Trade Center Memorial, where we will continue to be their guardians. The Repository will always be within our control, and our personnel will be on site to meet with families and friends of the victims to answer any questions.

Funding for the Quality Assurance Director in the amount of \$90K was approved, and helps us maintain our accreditation and meet compliance obligations we have under Local Laws 85 and 86. OCME's role in the criminal justice system is central and I expect nothing less than the highest standard of quality and accuracy within the forensic sciences we practice. We now have the funding to attract a top-notch quality management professional to establish an OCME agency-wide quality assurance and improvement system. We will constantly monitor for significant events occurring within the agency which may represent quality concerns and, when appropriate, conduct a full root cause analysis with the associated documentation and legally required reporting.

\$100K has been funded for Fire Safety contract positions. Currently OCME is updating the fire Alarm system in our headquarters building at 520 1st Avenue. This funding will ensure that OCME has the proper level of Fire Safety staffing in place in order maintain compliance with relevant Local Laws. As a result, OCME will be able to retain the contractual Fire Safety Director and Fire Watch personnel necessary to complete the project safely.

OCME worked with OMB during the formulation of the 5 Year Capital Commitment Plan to re-forecast our projected Capital spending in a fiscally sound manner. As a result, OCME's Capital commitments in FY15 total \$27.0 million. This includes \$21.5 million of FY15 spending for the Bronx Morgue; \$3.0 million for various laboratory equipment and \$0.8 million for IT equipment and services.

In summary, OCME will use these funds to further improve the effectiveness of critical operations and reduce turnaround times in areas of DNA test results. In doing so , we will be working to implement the shared vision with the Administration concerning responsible fiscal management and the progressive values necessary to move NYC forward and to make OCME strong.

We thank you for your kind attention and continued support.

**NEW YORK CITY COUNCIL
FISCAL YEAR 2015
EXECUTIVE BUDGET HEARING**

**COMMITTEE ON HEALTH,
COMMITTEE ON FINANCE &
COMMITTEE ON MENTAL HEALTH,
DEVELOPMENTAL DISABILITY, ALCOHOLISM,
DRUG ABUSE AND DISABILITY SERVICES**

**RAMANATHAN RAJU, M.D., PRESIDENT
NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION**

MAY 27th, 2014

Good morning Chairpersons Cohen, Ferreras, Johnson and members of the respective Committees. I am Ramanathan Raju, M.D., President of the New York City Health and Hospitals Corporation (HHC). I am joined this morning by Marlene Zurack, HHC's Senior Vice President and John Jurenko, HHC's Senior Assistant Vice President. Thank you for the opportunity to testify before you today.

Since this is my first hearing before the Council as President, let me begin with my background and then review the priorities that we will be working on. I'm a surgeon by training with more than 30 years of healthcare experience in both the private and public sectors. Many of these years were spent here in New York City.

I served for several years as HHC's Executive Vice President for Operations and also as HHC's Chief Medical Officer. Prior to that I was the Chief Medical Officer and Chief Operating Officer at Coney Island Hospital. I have also worked in similar positions in Brooklyn at Lutheran Medical Center.

It is a great honor and privilege for me to return to HHC after being away for 2 ½ years to serve as the Chief Executive Officer of the Cook County Health and Hospitals System in Chicago. I enjoyed the work I did for Chicago's public healthcare system, but the opportunity to be the President of the nation's preeminent public hospital and healthcare system is a once in a lifetime chance that could not be passed up.

My time in Chicago deepened both my experience and commitment to the mission of public healthcare systems – to treat all patients, to treat them respectfully and to ensure that they always have access to healthcare...to leave no one behind. One of the things that I knew from working in New York, and my understanding was reinforced while I was working in Chicago, is that people need - and deserve – better access to high quality healthcare services. HHC proudly offers care to all New Yorkers from every borough - more than one million patients each year. We are the single largest municipal healthcare system in the country. Our role extends beyond that of the biggest safety net provider in New York City and we need to be seen more clearly in this light. My aim is that HHC is seen as the first choice for health care by all New Yorkers.

We are an essential part of New York City's health care infrastructure. We are an integrated healthcare delivery system offering comprehensive high quality health, behavioral health, long term care and home care services with a wide variety of access points from small neighborhood centers to large acute care

hospitals and long term care facilities. Our health plan, MetroPlus, is perennially ranked at the top by the New York State Department of Health in terms of quality and customer satisfaction. HHC is an industry leader in language access services and culturally competent care.

However we cannot rest on these laurels. HHC and other healthcare providers at all levels in New York City must do more. We must focus on reducing healthcare disparities while expanding access to care. Disparities unfortunately persist across racial, ethnic, language, and economic basis. They also exist along the basis of gender identity, age, sexual orientation, immigration status and for individuals with disabilities. All providers need to step up their efforts to be inclusionary rather than perpetuate care that is exclusionary. At the same time, we must expand access to care in the traditional sense of extending hours and capacity. And, we must also eliminate barriers that deter or make it difficult for people to consistently access the care they need.

I know that HHC cannot do any of this alone. I look forward to partnering with the Council, other elected officials at all levels, community representatives, healthcare advocates, our labor partners and healthcare providers throughout all five boroughs. For example, I am firmly committed to working with our Staten Island representatives to expand access to health services. I am open to your ideas and suggestions on how we can build on HHC's accomplishments to improve the health of all New Yorkers.

There is no better time than now to act. The healthcare system is changing dramatically right before our eyes. HHC must continue to evolve and adapt to recent changes so that we can continue to provide excellent care to all NYC communities. The paradigm has shifted from a hospital-centric healthcare system to one in which the goals are focused on preventive care that keeps patients healthy thereby reducing the need for hospitalizations. We must seize on the opportunity to transform how we deliver care that is provided by the State's recently approved Medicaid waiver.

As you may know, New York State received approval of their 1115 Medicaid waiver last month. The waiver is expected to bring in \$8 billion in new Federal funding that will be distributed on a statewide basis over the next 5 years if performance targets are met on the whole by New York State. The majority of these dollars are to be mainly used to support delivery system reforms throughout the healthcare sector.

HHC will formally submit applications for Delivery System Reform Incentive Payment (DSRIP) program funds in mid-December. Last week, we sent the State a letter of intent that was required for all applicants who seek to become a Performing Provider System under the DSRIP program. We have already been informed that HHC has been approved as an Emerging Performing Provider System. In addition, we will be applying for Interim Access Assurance Funds which are designed to support public hospitals and non-public, safety net hospitals through next March. At this time, we do not know how much funding we will receive in IAAF funds or for the DSRIP projects.

It is most important to emphasize the waiver funds that we ultimately receive are not grant funds. Waiver funds will initially flow to support the creation of projects. Over time, funds will flow only after specific statewide performance thresholds are achieved. If performance targets are not met statewide, funds will be reduced accordingly. Collaboration and coordination will be critical to ensure success. HHC will be working with other providers over the next few months on our DSRIP project applications. We are still in the process of identifying potential partners and projects. Applications for DSRIP funds are due in mid-December. Initial program funds are expected to flow in April 2015.

Statewide, funding will largely be invested to improve access, care management and care coordination and ultimately to reduce avoidable inpatient and Emergency Room use. HHC has worked diligently over the last several years on these very same initiatives. Over the next several years, we will continue to pursue these goals by engaging with our patients to improve their health and taking the lead in changing the way healthcare is delivered to better manage healthcare spending.

While we work over the coming months with new partners on DSRIP projects, we will continue working with a familiar partner, MetroPlus, to engage new enrollees who gained coverage through the expansions under the Affordable Care Act. I am thrilled that more than 90,000 individuals chose MetroPlus as their health insurance plan through New York's health insurance marketplace. MetroPlus' success will be a primary means of HHC increasing market share and improving our financial health. The premiums MetroPlus receives for these newly insured individuals will generate increased net revenue for HHC that can be used to reinvest in service capacity. We would also seek for MetroPlus to be the insurer or choice for all New York City employees.

However, for all of our health plan's success in enrolling more New Yorkers onto health insurance, there will continue to be hundreds of thousands of HHC uninsured patients who are undocumented individuals who will not benefit from the Affordable Care Act. HHC will continue to need funding to support the cost of serving these patients and to cover other shortfalls caused by inadequate reimbursement.

As our budget stands now, HHC's total expenses in the FY 2015 Executive Budget are projected to be \$6.9 billion and total revenue is projected to be \$6.7 billion. This leaves us with a \$200 million gap to close this year. Our out-year gaps continue to be uncomfortably large. In FY 16 our gap is projected to be \$833 million. This grows to \$1.36 billion in FY 18.

These gaps could increase if we do not achieve one hundred percent of our corrective actions plan. The plan includes the continuation of HHC's restructuring and cost containment programs that are forecasted to achieve additional annual savings of between \$82 million and \$90 million. Most of these savings will be achieved by receipt of Federally Qualified Health Center status for HHC's six Diagnostic & Treatment Centers, improved environmental service initiatives and lower pharmaceutical costs through the federal 340B drug program.

The Financial Plan also anticipates a new round of savings initiatives to achieve \$200 million in FY 15 growing to \$400 million by FY 18. These initiatives include the centralization of procurement, revenue enhancement projects and on-going performance improvement activities through HHC's Breakthrough program.

Lastly, the Financial Plan also assumes an additional \$400 million in gap closing savings from state & federal actions. We hope to attain this amount through DSRIP & IAAF funding.

We are continuing work to secure federal funding as a result of Hurricane Sandy. As you know, HHC suffered serious losses due the storm. We experienced nearly \$250 million in losses due to the closures of Bellevue and Coney Island hospitals. On top of these losses, we need capital funding to offset the cost of repairs and spending to prevent future storm-related closures. We have submitted multiple applications to the Federal Emergency Management Agency (FEMA) for relief.

Specifically, we are seeking \$137.5 million in reimbursement of emergency expenses incurred to restore operations as quickly as possible at Bellevue, Coney

Island and Coler - our facilities most severely impacted by Hurricane Sandy. To date, we have received \$65 million in FEMA reimbursement through the City, as well as an additional \$95 million in capital funds from the City for storm related projects. We have made substantial progress with FEMA to resolve the outstanding issues that have impeded our receipt of these funds which were intended for emergency stabilization and the restoration of services.

In addition, we are seeking funding under the FEMA 406 Hazard Mitigation Program to improve the resiliency of our facilities that are most at risk of future storms. Specifically, we are seeking:

- \$535 million for Coney Island Hospital to build a free-standing building on the hospital's campus that will be raised above the 500 year flood plain level to house the ED, imaging services and surgical suites. This project would also include money for the hospital's power plant and other critical systems.
- \$284 million for Bellevue to build a raised ED, flood walls & gates, new elevators and raise other infrastructure out of the basement,
- \$100 million for Coler to build a series of berms and walls, to raise the generator and create additional protection to the critical facility's first floor electrical systems; and,
- \$80 million for Metropolitan Hospital to build a flood wall around the facility and a pumping system for the removal of excess water.

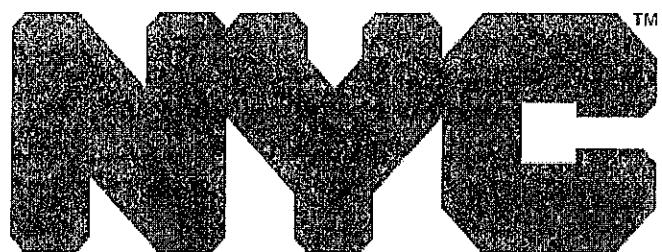
Before I conclude, I want to note that our capital budget remains largely the same since the Preliminary hearing. Work was recently completed on several capital projects. These include new Emergency Departments at both Harlem Hospital in Manhattan and Lincoln Medical and Mental Health Center in the Bronx. At Elmhurst Hospital in Queens, we opened a new Women's Health Pavilion which expands access to prenatal care and comprehensive obstetrical services.

In addition, last year the City Council appropriated \$2.5 million in Capital funding for Fiscal Year 2014 and another \$2.5 million in Fiscal Year 2015 to improve access to services for women with disabilities at HHC facilities. These funds will be used to make renovations and purchase equipment to make exam rooms and bathrooms optimally accessible for persons with disabilities in our hospitals, diagnostic and treatment centers and long term care facilities.

The first phase of our preliminary design work including cost estimates for ten projects at eight facilities is nearly done. Once the budgets are finalized, work will begin at some of these sites beginning this fall. We anticipate construction will be complete by the end of the calendar year. If the \$2.5 million in capital funding for Fiscal Year 2016 is re-appropriated, we will identify similar projects at other facilities where we can improve access for persons with disabilities.

We are very appreciative of the Council for this investment. In particular I would like to thank Council Member Maria Del Carmen Arroyo and Council Member Julissa Ferreras for their leadership and dedication to ensure that women with disabilities receive health care in respectful and appropriate settings.

This concludes my written testimony. I now look forward to listening to your comments and answering your questions.



Health

Testimony

of

Mary T. Bassett, MD, MPH, Commissioner

New York City Department of Health and Mental Hygiene

before the

**New York City Council Committee on Health
Jointly with the Committee on Finance and the
Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse & Disability Services**

On the

FY 2015 Executive Budget

**May 27, 2014
City Hall – City Council Chambers
New York City**

Good afternoon Chairpersons Johnson, Ferreras, Cohen, and members of the committees. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. Dr. Hillary Kunins, Acting Executive Deputy Commissioner for the Department's Division of Mental Hygiene, joins me to answer questions related to mental hygiene.

Thank you for the opportunity to testify on our Executive Budget for Fiscal Year 2015. As you know, the Department is responsible for protecting and promoting the physical and mental health of all New Yorkers. It has been gratifying to begin implementing the Administration's vision for a healthier City.

Before I go any further, I would like to take a moment to introduce a key individual who just rejoined the Health Department. Dr. Oxiris Barbot, First Deputy Commissioner, spent the last four years as Commissioner of the Baltimore City Health Department. In Baltimore, Dr. Barbot developed technology initiatives to improve health outcomes and increase efficiency. She was the architect of the city's Healthy Baltimore 2015 health policy agenda, a plan focused on promoting health equity. During her tenure, Baltimore saw significant improvements in areas including: infant mortality, HIV transmission, youth homicide, and life expectancy. She previously served as Medical Director of the Office of School Health here at the Department, and as Chief of the Pediatrics Division and Community Medicine at Unity Health Care, Inc. in Washington, D.C. Dr. Barbot is from the Bronx, a fluent Spanish speaker, and – with no apologies to the Mayor – a New York Yankees fan. Please join me in welcoming Dr. Barbot back to the nation's premier urban health department.

Program Updates

I want to now update you about some initiatives and programs that my staff and I have been working on. In February, two initial cases of measles were identified by the Department. Between then and early May, 26 cases were identified in total, and a substantial intra-agency response was undertaken to combat an outbreak of measles in New York City. Our staff rapidly confirmed these cases based on diagnostic testing, and identified those who were exposed. Because this disease is uncommon in the United States, there were some delays in its initial recognition by healthcare providers. The Department worked to build awareness, in partnership with hospitals and other providers, through a series of Health Alerts that urged swift and appropriate response to suspected cases. This led to an increase in reports, helped us strategically shape and target our response efforts, and quickly implement control measures to minimize transmission. Providers were also advised to ensure that all eligible patients were vaccinated, particularly those residing in the affected areas. This outbreak illustrates the value of a strong vaccination program linked to our robust immunization registry, close coordination with the medical community, and pro-active communication as essential tools of emergency response.

Our mental health initiatives at the Department include Court-based Intervention and Resource Teams, known as CIRTs. This program, implemented in coordination with the City's Criminal Justice Coordinator and the Department of Corrections, helps incarcerated individuals with mental health problems access community-based services and supervision, based on their risks and needs. It reduces the amount of avoidable jail costs, facilitates linkages to treatment, and supports the re-integration of low-risk inmates with mental illness. The first CIRT team officially began in Manhattan in February, and I am pleased to report that it will be rolled out to all boroughs by the early fall.

The opioid epidemic in our City remains a focus for the Department, for which we continue to implement a multi-pronged public health response. I want to thank you for your resolution in support of the state legislation that increases access to naloxone, a drug that reverses overdoses from opioids such as painkillers and heroin. This bill recently passed both the Senate and Assembly unanimously, and we are hopeful the Governor will sign it soon. In addition, the Department's response includes: implementing a drug surveillance system; encouraging a safe and judicious opioid prescribing among health care providers; promoting overdose prevention by increasing access to naloxone; improving access to medication-assisted treatment; and conducting public education media campaigns. Our work is in coordination with the Mayor's Task Force on Prescription Painkiller Abuse, which facilitates communication and ensures that City agencies work collaboratively to address this problem and save lives.

The Department also continues to expand access to pre and post-exposure prophylaxis (PrEP and PEP). We provide continuing medical education to healthcare providers about how it can be utilized effectively in their practices. Over the past year, educational events have been held in Manhattan, Brooklyn and the Bronx, reaching 130 different providers. We anticipate holding sessions in the remaining two boroughs by the end of 2014. In addition, last month, the Department's own Sexually Transmitted Disease clinics began offering HIV Post-Exposure Prophylaxis to their patients. It is currently available at four of our eight facilities, and we anticipate that by the end of next month, it will be available to patients at all eight sites.

I join you today, after having travelled to Washington, D.C. earlier this month, where I, along with Health Commissioners from across the country, briefed policymakers about electronic cigarettes. These devices, commonly called e-cigarettes, emit vapor and are often designed to look like conventional cigarettes. Sales of these products have increased from nearly \$300 million in 2011 to approximately \$2 billion in 2013. I want to thank the Council for their focus on this issue, including your work to expand the Smoke-Free Air Act to include these products. In April 2014, the FDA announced that it will regulate e-cigarettes, and the Department applauds this important step. It is important to recognize, however, that – in the years before these regulations go into effect – there is no way of knowing the levels of nicotine or amounts or kinds of other chemicals they deliver to the lungs of users. We must continue to work together to discourage the marketing tactics of these companies, which are similar to the tactics used by the tobacco industry to lure youths into cigarette smoking.

FY 2015 Budget

Let me now turn to the fiscal year 2015 budget for the Department of Health and Mental Hygiene. The Department has approximately 6,000 employees and a current operating budget of \$1.3 billion, of which \$585 million is City Tax Levy and the remainder is federal, state and private dollars. While I am pleased that our City funding has increased, reductions to our state and federal budgets remain a big concern. The Department will, unfortunately, lose \$5.4 million of funds from the Article 6 State Aid to Localities for General Public Health Work. We have not yet determined how this loss in funding will impact our programs, but it is one that we do not want to face. In addition, the Department anticipates a reduction of about \$10 million in federal funds; this will impact critical initiatives such as emergency preparedness work in hospitals and other community-based efforts undertaken to improve health outcomes.

When I first spoke with you, I emphasized the importance of addressing disparities in health and mental health. This mission guides all of our work. And it is this commitment that

has driven the development of the Department's new Center for Health Equity, which will launch in the coming fiscal year, with \$3.2 million in funding within the Executive Budget. As part of this initiative, we plan to pilot an innovative Community Health Worker program. We will work across the City to facilitate improved healthcare and to manage conditions such as diabetes, high blood pressure, and asthma. We must exert sustained political will to reallocate and sustain resources for our health systems, giving priority to those most in need and ensuring equal access to good health and the promotion of healthy communities.

The Department will also expand its work in maternal and reproductive health. In New York City, about 90 percent of all pregnancies among teenagers are unintended. These facts, compounded with the reality that many families are unable to access resources, means that the health of many of our youngest New Yorkers suffers. We want to do more to reduce unintended pregnancies, and improve birth outcomes and the developmental trajectory. As a result, I am gratified that \$3.2 million of new funding was added to the Executive Budget; this money will allow the Department to expand both the Connecting Adolescents to Comprehensive Health program in schools, and the Newborn Home Visiting Program, which will provide an additional 1,000 visits to mothers and families each year to support children and new mothers.

This budget also reflects substantial reductions in expected revenue from fines. The Department will, next week, publish final rules to further support restaurants' abilities to maintain food safety standards, while also reducing financial penalties. We will offer consultative, penalty-free inspections to new and existing restaurants, and fix penalties in a way that will realize a 15 percent reduction in levied fines. This reduction is in addition to the significantly decreased fines that restaurants are already paying because of improved practices.

I want to also recognize the Administration's work to expand access to pre-kindergarten. As we move to accommodate thousands of new students, the Department's Bureau of Child Care is tasked to inspect, issue permits, and promote age appropriate education and child development programs to child care centers as part of its role in ensuring the health, safety, and development of children. An additional \$926,000 was added to the agency's budget to ensure that we will be able to bring on new staff, and, per the requirements of the State budget bill, inspect community-based UPK centers twice, rather than once, per year. This will result an additional 1,500 inspections annually.

Legislative

Before I conclude, I want to update the Council on two of our legislative priorities. In early June, the Department will testify at a hearing before the State committees on Environmental Conservation and Health. We will urge the committees to maintain the requirement to report-pesticide applications, so the City can continue to track where, how much, and what kinds of pesticides are used in our communities. Low-income communities in New York City have far greater rates of interior pest and rodent infestation, primarily because of the connection to poor housing conditions. It is crucial that pests be controlled safely, and that pesticides are used judiciously. The Department is committed to promoting pest-free homes and will testify that these data are essential to understanding the scope and response to the problem.

Finally, I want to thank the Council for the Home Rule resolution earlier this month in support of the dog licensing legislation sponsored by Senator Serrano and Assemblyman Kavanaugh. The City is currently governed by an 1894 law, which puts control of the dog license fee with the State; the current fee of \$8.50 no longer covers even the cost of issuing a

license. By amending the state law, to give the Council the authority to set the license fee, the City can generate additional revenue needed to support animals. The Department looks forward to working with the Council to set a fee that is reasonable and not a financial burden on dog owners. Dog licensing is a key component of responsible dog ownership, and helps ensure that a lost dog is reunited with its owner. The added revenue from licensing will allow Animal Care and Control to continue to improve its services for homeless, stray and abandoned animals. In 2013, AC&C adoptions increased 28 percent, its live release rate increased 37 percent, and its rate of dogs and cats that were humanely euthanized decreased 30 percent. Please urge your colleagues in Albany to pass this legislation, S.5048 and A.2046; it will generate revenue that helps animals.

Thank you again for the opportunity to testify. Dr. Kunins and I would be pleased to answer any questions.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Lily Tom Children, Youth

Address: Asst. Commissioner for and Facilities

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Don Kass

Address: Deputy Commissioner, Division of Envrn

I represent: DOHMH Health

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Dr. Jay Verma

Address: Deputy Commissioner, Division of Disease

I represent: DOHMH Control

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Susan Kansagara

Address: Deputy Commissioner

I represent: Division of Health Protection and Disease Prevention

Address: DHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Sandy Kozza

Address: Deputy Commissioner, Finance

I represent: DHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Dr. Hillary Kenins

Address: Acting Deputy Commissioner for Mental

I represent: DHMH Hygiene

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Dr. Oxiris Barbot

Address: First Deputy Commissioner

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Dr. Mary Bassett

Address: Commissioner

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: John Lorenzo, Senior Assistant Vice President

Address: _____

I represent: FHIC

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Dr. Ram Raju, President

Address: _____

I represent: HHC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Marlene Zisack, CFO

Address: _____

I represent: HHC

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/26/14

(PLEASE PRINT)

Name: Barbara Sampson

Address: 520 First Ave

I represent: Office of Chief Medical Examiner

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: May 27, 2014

(PLEASE PRINT)

Name: Dina Maniotis
Address: 2 South End Ave NYC 10280

I represent: NYC OCME
Address: 421 East 26th St.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 5/27/14

(PLEASE PRINT)

Name: Barbara Butcher
Address: ~~40 W 41~~ 1520 1st Ave NY

I represent: OCME
Address: 520 1st Ave NY

Please complete this card and return to the Sergeant-at-Arms