**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
Ashwin Vasan, MD, PhD
*Commissioner*

**Testimony**

of

**Joaquin Aracena**
**Assistant Commissioner of the Bureau of Public Health Clinics**
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**
**Committee on Health**

on

**Introduction 435-A-2024**

June 18, 2024
New York, NY

Good morning, Chair Schulman and members of the Committee on Health. My name is Joaquin Aracena, Assistant Commissioner of the Bureau of Public Health Clinics at the Department of Health and Mental Hygiene (the NYC Health Department). On behalf of Commissioner Vasan, thank you for the opportunity to testify on Introduction 435-A, which would require the Department of Health and Mental Hygiene to ensure accessibility to rapid testing for sexually transmitted infections, prioritizing communities in boroughs that have higher infection rates as determined by the Department.

Since the NYC Health Department last testified on this bill in 2023, we have had extensive conversations with Councilmember Sanchez, Committee staff, and City Hall regarding this legislation and are supportive of it moving forward. I want to thank Councilmember Sanchez for her passionate advocacy in seeking to bring down STI rates in our City. We share her goal in this endeavor. I also want to thank the Councilmember for discussing our concerns with the legislation, listening, and working with us to come to a solution. We appreciate the Councilmember's willingness for open dialogue and for sharing her vision for the bill. I look forward to continuing the conversation on this legislation with Councilmember Sanchez, Council staff, and our colleagues at City Hall.

Furthermore, I want to make sure that everyone is aware that individuals 12 or older can receive low- to no-cost services at any of our Sexual Health Clinics across the city, all of which offer STI testing, including rapid HIV testing. Two clinics, Chelsea and Fort Greene, currently offer Quickie Express visits for rapid chlamydia and gonorrhea testing, with test results within hours. The NYC Health Department also funds numerous agencies across New York City to offer routine STI testing, including rapid HIV testing, in clinical and nonclinical settings. New Yorkers can also consult the NYC Health Map to find sexual health services. We ask for the City Council's support in reaching your constituents to let them know about the STI testing resources available to them.

Thank you for your time and attention. We are always willing to discuss your legislative proposals, and I encourage you to reach out to our Legislative Affairs team and City Hall to do so.

**New York City Council Committee on Health**

**Testimony by: Daniel Pollak, First Deputy Commissioner,**
**Mayor's Office of Labor Relations (OLR)**
**on Int 718 – Family Building Benefits**
**June 18, 2024**

## Introduction

Good morning, Chair Schulman, and members of the Health Committee. I am Daniel Pollak, First Deputy Commissioner at the Office of Labor Relations. Thank you for the opportunity to testify today.

I am here to discuss Intro 718, which would require the City to establish family building benefits for City employees intended to cover some or all of the costs of assisted reproduction and adoption for City employees that are not otherwise covered by the City's health plan.

## Current Coverage

Before discussing our perspective regarding this legislation, I would like to take the opportunity to summarize our current coverage in this area. For context, the City spends over $11 billion a year for health benefits for employees, dependents and retirees. To put the enormity of that expense into context, it is approximately 10% of the entire City budget of $114 billion dollars. As with all employers, we continue to incur increasing costs in providing health benefits due to increases in hospital costs, the cost of prescription drugs, and new state mandates. Union welfare funds, which provide benefits such as dental, vision, and prescription drugs, face the same pressures. Our goal, in partnership with city unions, is always

to provide high-quality health insurance to our employees and we are constantly working to maintain the high-quality benefits we provide while containing the increase in costs.

Our health plan provides numerous fertility benefits to eligible individuals. This includes fertility treatments such as genetic screening, semen analysis, ovulation induction and monitoring, intrauterine insemination (IUI) and up to three cycles of in-vitro fertilization (IVF). We believe that our fertility benefits are strong, and we currently spend over $50 million a year on them.

For the City's largest plan, the CBP, we utilize WINFertility for management of fertility benefits. In addition to providing authorization for fertility treatment, WIN provides case management and support to families with infertility issues. Members receive information about infertility causes, testing, and different treatment and medication options. WINFertility also provides a personalized care plan with treatment recommendations, including access to reproductive behavioral health support and nutrition coaching as needed. Additionally, WIN provides 24/7 access to WIN's Nurse Care Advocates who can answer questions, help find doctors, and talk through patient concerns. Other services include:

- Pre-approvals for fertility-related prescription medication, as well as help managing and taking those medications.
- Guidance through the fertility preservation process, including help finding in-network egg-freezing facilities.

I want to speak in more detail about our IVF coverage and eligibility requirements. Individuals may be eligible for IVF coverage if they are diagnosed with infertility,

as defined by State rules and regulations. An individual may also be eligible for IVF coverage if they are unable to conceive due to their sexual orientation or gender identity without having an infertility diagnosis. This has been the case since at least 2021, when the State Department of Financial Services issued guidance regarding the issue. So to be clear, gay males who are covered by the City health plan <u>are</u> eligible for IVF benefits and do not need to establish a diagnosis of infertility to be eligible for those benefits.

Once eligibility is established, all City employees and dependents are eligible for the same benefits regardless of sexual orientation or gender identity. For those who require donor oocytes and/or sperm, that includes costs associated with the fertilization of a donor oocyte and/or with the use of donor sperm, including preparation of the oocyte or sperm, fertilization and culture of embryos, genetic testing of embryos (if medically necessary), cryopreservation of embryos or sperm, thawing of embryos or sperm, and preparation of an embryo for transfer. It should also be noted that age restrictions are not permitted for any covered infertility services.

However, treatments and procedures on any individual who is not an employee, non-Medicare retiree, or dependent enrolled in City Health benefits are <u>not</u> covered. This includes the costs of any treatment associated with oocyte retrieval from a donor, sperm donation, and the costs of embryo transfer to a surrogate or gestational carrier. Costs associated with procurement of donor material and gestational carrier or surrogate compensation are also not covered. Again, this is true regardless of sexual orientation. Gay individuals or couples are eligible for

the same benefits as heterosexual couples who require the use of donor oocytes or sperm and/or a surrogate or gestational carrier.

I understand the scope of coverage and benefits in this area can be confusing, so we have recently updated the summary plan description posted on OLRs website to provide greater clarity, and we are working with WIN Fertility to explore other ways to educate our covered members on these benefits, such as webinars or videos.

**Intro. 718**

Int. 718 would require the City to cover some or all of the costs associated with assisted reproduction and adoption for its employees. While we appreciate the intent behind Int. 718, these benefits—like other health benefits and fringe benefits—are mandatory subjects of collective bargaining under the Article 14 of the New York State Civil Service Law, also known as the Taylor Law, which means these benefits cannot be created by local law. While we are open to continue exploring ways to address this critical issue, we believe benefits and compensation should, and legally must, be negotiated through collective bargaining with our municipal unions. And indeed, we've historically found that the City and its unions, working together, can and do negotiate significant improvements in employee benefits in a way that is suited to the needs of the unions and their members.

Thank you for this opportunity to testify. The Office of Labor Relations strongly believes that all City employees deserve high-quality and equitable health care. As

we have for many years, we will continue to work with our municipal unions to make appropriate modifications and enhancements to our health plan in the best interests of employees and taxpayers. I will be happy to answer any questions you may have.

**New York City Council Committee on Health Hearing**
**Oral Testimony Given by**
***Jorie Dugan, Center for Reproductive Rights***
Hearing on June 18, 2024, at 10am

Good morning, Madam Chair and honorable council members,

Thank you for the chance to testify and for considering the important legislation before the Committee today. My name is Jorie Dugan, and I am human rights counsel at the Center for Reproductive Rights, a legal advocacy organization that uses the power of law to advance reproductive rights as fundamental human rights around the world. As a part of our mission, we aim to ensure that all people have meaningful access to fertility care— regardless of their sexual orientation, relationship status, or income.

The Center for Reproductive Rights strongly supports **Resolution No.165**,[i] calling on the New York State Legislature to establish full insurance coverage for fertility treatments, and **Bill No. 718**,[ii] which would require the City to establish a family building benefit for City employees intended to cover some or all of the costs of assisted reproduction without conditioning reimbursement on an infertility diagnosis, and prohibiting the City from discriminating on the basis of marital or partnership status.

At the Center, we believe every person should be able to make decisions about their own health and bodies, including decisions about their reproductive life, such as whether to have children, when to have children, and how many children to have. Unfortunately, inequities in access to reproductive health care, including fertility care, are pervasive in the United States, where Black, Indigenous, and other people of color, people living on low income, and the LGBTQ community access fertility care at disproportionately low rates.

Laws and policies that protect and promote non-discriminatory access to fertility care, like **Resolution 165** and **Bill 718**, promote people's reproductive rights, address inequities in access to care, and help ensure equitable access to fertility care for all New Yorkers.

New York is a model for fertility care legislation and has helped to lead the way to expanding access to care by requiring private insurance to cover fertility care, including in-vitro fertilization and fertility preservation,[iii] and requiring Medicaid coverage for medically necessary ovulation-enhancing drugs and monitoring.[iv] This is a testament to the state's commitment to recognizing fertility care as a human right and to the critical role it plays in helping individuals and couples build their families.

There are many reasons why people may turn to fertility care -- including people unable to become or remain pregnant through sexual intercourse, single or uncoupled individuals, same-sex couples, people with disabilities, and people choosing to delay family building. Current law, however, still fails to provide critical coverage for many New Yorkers.

The current insurance law[v] in New York only requires large group insurance policies (that are made up of more than 100 employees) to cover IVF, and that coverage is capped at 3 IVF cycles. This leaves out all those who receive health insurance through non-large group insurance policies, such employees of small companies of fewer than 100 employees; employees of companies that self-insure; and people on Medicaid, which disproportionately impacts people living on low-income, Black, Indigenous, and other people of color, and people with disabilities.

A single cycle of IVF can cost an average of $20,000 and multiple cycles are often needed to achieve a pregnancy and live birth.[vi] Without insurance coverage, this cost is prohibitively expensive for most people.

Another significant barrier to equitable access to fertility care, is the requirement that enrollees have a diagnosis of infertility,[vii] a requirement that makes access more difficult or impossible for an individual unable to become pregnant because the individual, either by themselves or with their partner, does not have the necessary gametes.

Critical improvements are needed to New York's insurance law to ensure inclusive, non-discriminatory, and equitable access to fertility care and it is time that the Council of the City of New York calls upon the New York State Legislature to establish full insurance coverage for fertility treatments through **Resolution 165**.

Additionally, the Center also supports **Bill 718**, because NY City employees should likewise be able to access assisted reproduction services regardless of their sexual orientation or relationship status. Furthermore, under the broad range of services and technologies that fall under the definition of assisted reproduction,[viii] **Bill 718** would ensure intended parents have access to the legal services related to establishing parentage, which is critically important to protecting families formed via assisted reproduction, particularly LGBTQ families.

If passed, **Resolution 165** and **Bill 718** will enable New York to expand insurance coverage for fertility care, helping to ensure everyone has access to the services they need to build their families.

Thank you for the opportunity to speak with you today.

[i] Resolution Number 165-2024 – Resolution calling on New York State Legislature to establish full insurance coverage for fertility treatments.

[ii] Introduction Number 718-2024 - This bill would require the City to establish a family building benefit for City employees intended to cover some or all of the costs of assisted reproduction and adoption for City employees without conditioning reimbursement on an infertility diagnosis. In implementing such benefits, the City would be prohibited from discriminating on the basis of marital or partnership status.

[iii] New York Insurance Law §§ 3216(i)(C)(i), 3221(k)(6)(C)(v)(II), and 4303(s)(3)(E)(ii) require coverage for standard fertility preservation services for individuals when a medical treatment will directly or indirectly result in "iatrogenic infertility," which is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.

[iv] New York Insurance Law §§ 3221(k)(6)(C) and 4303(s)(3); New York State Dep't of Health, *New York State Medicaid Update* (June 2019, Volume 35 - Number 7), <https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-06.htm>

[v] New York Insurance Law §§ 3221(k)(6)(C) and 4303(s)(3)

[vi] IVF – In Vitro Fertilization, FertilityIQ, https://www.fertilityiq.com/fertilityiq/ivf-in-vitro-fertilization/costs-of-ivf (last visited April 4, 2024); Fact Sheet: In Vitro Fertilization (IVF) Use Across the United States, Ctrs. for Disease Control & Prevention (Mar. 16, 2024), https://www.hhs.gov/about/news/2024/03/13/fact-sheet-in-vitro-fertilization-ivf-use-across-united-states.html.

[vii] An insured seeking IVF must be diagnosed with infertility, which is defined as a disease or condition characterized by the incapacity to impregnate another person or to conceive, due to the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or therapeutic donor insemination, or after six months of regular unprotected sexual intercourse or therapeutic donor insemination for a female 35 years of age or older. Earlier evaluation and treatment may be warranted based on an individual's medical history or physical findings. See, https://www.dfs.ny.gov/apps_and_licensing/health_insurers/ivf_fertility_preservation_law_qa_guidance (last accessed 6/12)

[viii] The term "assisted reproduction" includes the range of services and technologies to assist adults who intend to become parents, including, but not necessarily limited to: egg and sperm donation and preservation; in vitro fertilization; intrauterine insemination; surrogacy; and agency and legal services related to such services and technologies, as well as the establishment of parentage of a child.

CENTER *for* REPRODUCTIVE RIGHTS

NEW YORK
199 Water Street, Fl. 22
New York, NY 10038
TEL. (917) 637-3600

reproductiverights.org

June 21, 2024

**VIA ELECTRONIC MAIL**

**Re: Resolution 165 & Bill 718 – SUPPORT**

Dear Chair Schulman and members of the New York City Council Committee on Health,

The Center for Reproductive Rights ("Center") is a legal advocacy organization that uses the power of law to advance reproductive rights as fundamental human rights around the world. As a part of our mission, we aim to ensure that all people have meaningful access to fertility care— regardless of their sexual orientation, relationship status, or income.

The Center strongly supports Resolution165, calling upon the New York State Legislature to pass, and the Governor to sign, S-6118-A/A-6177-A, known as the Equity in Fertility Treatment Act. It likewise strongly supports Bill 718, which would require New York City to establish a family building benefit for City employees. Bill 718 would cover some or all of the costs of fertility care without conditioning reimbursement on an infertility diagnosis and would prohibit the City from discriminating against City employees on the basis of their marital or partnership status.

The Center believes every person should be able to make decisions about their own health and bodies, including decisions about their reproductive life, such as whether to have children, when to have children, and how many children to have. Ensuring access to fertility care supports reproductive choice for all who need it to build their families. This includes those unable to become or remain pregnant through sexual intercourse, single or uncoupled individuals, same-sex couples, people with disabilities, and those choosing to delay family building.

Unfortunately, inequities in access to reproductive health care, including fertility care, are pervasive in the United States, where Black, Indigenous, and other people of color, people living on low income, and the LGBTQ community access fertility care at disproportionately low rates.[1] Laws and

[1] Am. Soc'y for Reprod. Med., *Disparities in Access to Effective Treatment for Infertility in the United States: An Ethics Committee Opinion*, 116 Fertility & Sterility 54 (2021),https://www.asrm.org/globalassets/_asrm/practice-guidance/ethics-opinions/pdf/disparities_in_access_to_effective_treatment_for_infertility_in_the_us-pdfmembers.pdf ; Angela Kelley et al., *Disparities in Accessing Infertility Care in the United States: Results from the National Health and Nutrition Examination Survey, 2013-16*, 112 Fertility & Sterility562 (2019), https://doi.org/10.1016/j.fertnstert.2019.04.044; Nat'l Council on Disability, *Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children* 167-183(2012), https://www.ncd.gov/report/rocking-the-cradle-ensuring-the-rights-of-parents-with-disabilities-and-their-children/.

policies that protect and promote non-discriminatory access to fertility care, like Resolution 165 and Bill 718, address inequities in access to care, promote people's reproductive rights, and help ensure equitable access to fertility care for all New Yorkers.

New York has been a leader in providing access to fertility care by requiring private insurance policies to cover fertility care, including in-vitro fertilization and fertility preservation,[2] and requiring Medicaid coverage for medically necessary ovulation-enhancing drugs and monitoring.[3] This is a testament to the state's commitment to recognizing fertility care as a human right and the critical role it plays in helping individuals and couples build their families. Current law, however, still fails to provide critical coverage for many New Yorkers.

**Resolution 165**

Resolution 165 sends an important message about the need to pass the Equity in Fertility Treatment Act and address barriers to care that prevent single individuals and same-sex couples from accessing the care they need to build their families. Under the current law, the definition of infertility[4] makes access more difficult or impossible for an individual unable to become pregnant because they, either by themselves or with their partner, do not have the necessary gametes.

If enacted, the Equity in Fertility Treatment Act would amend the definition of infertility to be inclusive of single individuals and same-sex couples. (S-6118-A, sec. 1(2)(v)(I)) While the State issued guidance in 2021 directing insurers to provide fertility care coverage to "individuals who are unable to conceive due to their sexual orientation or gender identity,"[5] discrimination and inconsistencies in coverage still exist.[6] Enacting the Equity in Fertility Treatment Act would help prevent confusion and inconsistencies in access to fertility care for New Yorkers.

Furthermore, the Equity in Fertility Treatment Act would prevent denial of coverage based on the use of assisted reproduction with a third-party, allowing same-sex male couples or anyone needing a surrogate to access the care they need to build their families. The amended definition of infertility would also prevent same-sex female couples from needing to undergo 6 to 12 months of intrauterine insemination (IUI) before

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[2] New York Insurance Law §§ 3216(i)(C)(i), 3221(k)(6)(C)(v)(II), and 4303(s)(3)(E)(ii) require coverage for standard fertility preservation services for individuals when a medical treatment will directly or indirectly result in "iatrogenic infertility," which is an impairment of fertility by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes.
[3] New York Insurance Law §§ 3221(k)(6)(C) and 4303(s)(3); New York State Dep't of Health, *New York State Medicaid Update* (June 2019, Volume 35 - Number 7), <https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-06.htm>
[4] An insured seeking IVF must be diagnosed with infertility, which is defined as a disease or condition characterized by the incapacity to impregnate another person or to conceive, due to the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or therapeutic donor insemination, or after six months of regular unprotected sexual intercourse or therapeutic donor insemination for a female 35 years of age or older. Earlier evaluation and treatment may be warranted based on an individual's medical history or physical findings. See, https://www.dfs.ny.gov/apps_and_licensing/health_insurers/ivf_fertility_preservation_law_qa_guidance (last accessed 6/12)
[5] New York State Department of Financial Services, Circular Letter No. 3 (2021) (Feb. 11, 2021), https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2021_03.
[6] *Briskin v. City of New York*, S.D.N.Y., No. 1:24-cv-03557.

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becoming eligible for IVF coverage. Such a requirement can significantly delay family building, as IUI is less effective[7] than IVF and adds to the financial barriers to care.[8]

The Center strongly supports Resolution 165, which unequivocally calls on the New York State Legislature and the Governor to ensure coverage for fertility care is equitable and non-discriminatory by enacting the Equity in Fertility Treatment Act.

**Bill 718**

New York City employees should be able to access assisted reproduction services regardless of their sexual orientation or relationship status. The proposed family building benefit under Bill 718 would help fill gaps in coverage for assisted reproduction. (sec. 1 §12-141(b)-(c)) For the reasons stated above, this is critically important for single individuals and same-sex couples,[9] who face additional barriers to care under New York's insurance mandate.

The Center is encouraged by the broad definition of assisted reproduction in Bill 718, reflecting the diverse services that fertility care encompasses. For instance, Bill 718 would ensure that intended parents have access to legal services related to establishing parentage, which is critically important for protecting families formed through assisted reproduction, particularly LGBTQ families. (sec. 1 §12-141(a))

If passed, Resolution 165 and Bill 718 will enable New York to expand eligibility for fertility care insurance coverage, helping to ensure everyone has access to the services they need to build their families without discrimination.

Sincerely,

Jorie Dugan

Jorie Dugan
Counsel, U.S. Human Rights
Center for Reproductive Rights

[7] Society for Assisted Reproductive Technology. (n.d.). The Difference Between IUI and IVF. https://www.sart.org/patients/fyi-videos/the-difference-between-iui-and-ivf/ (last accessed June 20, 2024)
[8] A single cycle of IUI can cost between $500 to $4,000. See, FertilityIQ, The Cost of IUI. https://www.fertilityiq. com/iui-or-artificial-insemination/the-cost-ofiui#components-of-iui-cycle-cost (last accessed June 20, 2024).
[9] *Briskin*, supra note 6.

**GMHC Testimony in Support of Intro. 718-2024, Intro. 435-A-2024, and Res. 165-A-2024**

**New York City Council Health Committee Hearing on June 18, 2024**

Thank you, Chair Schulman, Health Committee members, and other esteemed Council Members for the opportunity to testify today. My name is Jason Cianciotto, and I am the Vice President of Public Policy and External Affairs at GMHC. Founded in 1982 as Gay Men's Health Crisis, the world's first HIV and AIDS services organization, GMHC's mission is to end the AIDS epidemic and uplift the lives of all affected. We serve 5,500 New Yorkers per year who live in all five boroughs with programs that address the structural drivers of the epidemic, such as poverty, homelessness, food insecurity, lack of access to medical care, discrimination, racism, homophobia, and transphobia. At intake, 78% of our new clients live below the federal poverty line. Nearly 60% of our clients are people of color, 34% are Hispanic or Latino, 36% are over age 50, and over 65% are members of LGBTQIA+ communities. GMHC testifies today in support of the three bills on the Health Committee's agenda because all are linked to structural drivers of the HIV epidemic.

**Introduction 718-2024**

Intro. 718-2024 addresses the need for accessible medical care, in this case rapid testing for HIV and other STIs. According to the NYC Department of Health and Mental Hygiene (DOHMH), from 2021 to 2022 the chlamydia rate increased approximately 5% for men and 1% for women. The gonorrhea rate increased 11% among men, and women experienced a 36% increase in syphilis infections. As is too often the case, New Yorkers who are Black and/or Hispanic experienced a disproportionate burden of STI infections overall. For HIV, DOHMH reported that new infections decreased about 2% from 2021 to 2022, essentially flat compared to a trend of more significant reductions prior to the height of the COVID-19 pandemic.

While it is still unclear how lack of access to STI testing at the height of the COVID-19 pandemic has affected these infection rates, barriers to testing, such as not having convenient access to rapid testing clinics, prevents New Yorkers from knowing their STI status and subsequently being linked to treatment, which prevents community spread. These barriers include the fact that only two boroughs, Manhattan and Brooklyn, have year-round rapid testing services. GMHC joins Intro 718 sponsor Council Member Sanchez and other members of the Council in calling for the expansion of rapid HIV testing services to clinics in Queens, the Bronx, and Staten Island. We also note that GMHC has submitted a FY25 NYC capital grant application that would fund, among other services, the creation of two mobile STI testing vans owned and

operated by GMHC. This funding would significantly increase our ability to provide this critical in-community service to New Yorkers where they live, work, and play.

**Introduction 435-A-2024 and Resolution 165-A-2024**

Stigma and discrimination, particularly based on sexual orientation and gender identity, are among the most pervasive structural drivers of the HIV epidemic. Lack of equal access to family formation and planning services communicate to members of LGBTQIA+ communities that they are somehow less than and/or unworthy relative to their heterosexual peers. This was the case prior to the advent of same-sex marriage nationwide, and it is the case regarding access to assisted reproduction and adoption for city employees.

The current definition of "infertility" used by the City references the inability to conceive a child through male-female unprotected sexual intercourse in a 12-month period or through intrauterine insemination. This excludes gay male couples who need to procure donor services from non-insured third parties. The City also lacks any adoption benefits services, which further precludes LGBTQIA+ individuals and couples from building their families outside the use of fertility services. Arguments that these exclusions affect all City employees, regardless of sexual orientation or gender identity, ignore the reality that gay male couples are more likely to need these services to begin with. The Adams' administration cites the Taylor Law and need to expand fertility and adoption benefits via the collective bargaining process. However, GMHC joins Intro. 435 sponsor Schulman, Res. 165 sponsor Narcisse, and other Council Members in support of statutory definitions of infertility and adoption benefits requirements that are more inclusive of LGBTQIA+ employees who may be excluded, both within the City and statewide.

NEW YORK CITY
MANAGERIAL EMPLOYEES
ASSOCIATION



New York City Council

Committee on Health
Intro 0435-2024 | Intro 0718-2024 | Res 0165-2024

Tuesday, June 18, 2024
10:00 AM
250 Broadway, 16 Floor, NYC

Good morning, City Council Members.

I am Alice Wong, Executive Director of NYC Managerial Employees Association. Thank you for this hearing to address important health benefits for City employees. The MEA supports these three initiatives.

- We ask City Council to clarify the insurance coverage amount and identify where the funding will come from.
- We seek clarification that these programs will not be expanded at the cost of additional employee contribution.
- We ask for clarification on how these new initiatives will tie to the current Paid Parental Leave (PPL) and Paid Family Leave (PFL) programs.
- We stand firm that the Paid Parental Leave Program that took away two annual leave days from managers who earn 27 days, a year, is unfair. This is because mangers who earn less than 27 days, per year, do not contribute any annual leave days to fund the Program. It is most likely these are the managers who will benefit from the Program.

Thank you for your time and attention to these important matters.

Sincerely,

Alice Wong

Alice Wong
Executive Director

City Council Committee on Health

Testimony in support of Int. No. 718

(hearing held 6/18/24)

Chair Schulman and members of the committee,

I am currently an employee of the Council's Central Staff but submit this testimony in support of Int. No. 718 as a City employee with no affiliation to my professional duties or position.

I strongly support Int. No. 718 on a personal basis because in addition to being a City employee, I am also a gay man who would like to start a family one day. However, the current out-of-pocket costs of either adoption, or especially surrogacy, are extremely daunting and present an enormous obstacle. For individuals like myself, establishing a family building benefit for City employees to cover at least some of these costs would be hugely impactful. There are many individuals and couples in my situation who as City employees could make excellent parents and provide nurturing homes for raising the next generation of New Yorkers, but for whom the current uncovered costs are simply too high to bear. I urge the Committee and the Council to support this legislation.

Brian Paul

[redacted]

Brooklyn, NY 11211

May 22, 2024

To the Committee:

I am writing to you to testify about the shocking idea of devocalizing dogs and cats in the rescue system. Is this “rescue”? Are you to subject them to a stressful, painful, strange operation only to kill them afterward? What a cruel waste of resources that is! Is this a way to prepare a dog or cat to be taken home by a family?

I am a professional dog trainer of over 35 years. I am sorry to be so frank; but, these operations remind me of what the Nazis did in concentration camps.

Instead of spending the money to do this, why not be ethical? These operations are NOT ethical. Why not put it toward better education of the NYC public to explain why they need to think carefully about the responsibilities of caring for a dog in the city; of explaining to them about allowing their dog to have babies in a place where there is already too many dogs and cats; of educating the public of cruelly abandoning their pet in the streets. There could be a city campaign and billboards for the cost of these horrific operations. Why not put that money toward advertising and having more places and easier access to these poor dogs and cats so that more people will adopt them.

These animals deserve so much better. They deserve more thought then just taking their vocal cords away! Please consider better, more intelligent options.

Sincerely,

Elaine Cury

# Testimony for June 18, 2024

Hi, my name is Joan Puwalski and I am from Bellerose, Queens. I have been following the NYCACC since 2016 and their At Risk/Emergency Placement animals. My concern for these dogs prompted me to adopt a dog through one of their New Hope Partners in 2019 who had run out of time and could have been euthanized even though he was only one year old. His crime was that he was a leash biter, which was easily remedied with a trainer in all if about 20 mins. I also discovered that he was deaf, which ACC did not know despite the fact that he had been in their care for over two weeks and supposedly seen by doctors, trainers, and etc.

The overcrowding at the shelters are of great concern. I do not understand why it took the NYCACC so long to open up to walk in adoptions after Covid. All the other shelters on Long Island opened up to walk ins long before the NYCACC. I am not sure if it is still the policy now, but up until very recently people had to be on a waitlist and would be called in to come look around when it was their time. This meant waiting outside, in the cold or the rain until it was there turn. I personally know people who gave up dealing with them because they filled out applications and never heard from them. The dogs are coming in, but not leaving!! If they had opened up to walk ins last year, then many dogs would have had the chance to be seen and adopted.

The ACC signed a contract to have a full service shelter in each of the 5 boroughs. The Queens shelter has been ready for months, yet it is still not opened. And when it does open, they plan on moving all the Brooklyn animals into queens, and shut down Brooklyn so it can be renovated. So we STILL won't have more space. In fact, Queens has less room for dogs than Brooklyn so they said at the Board Meeting they would have to figure out what to do with the surplus. I think we all know what they are doing. Listing so many animals on the EP every Tuesday, Thursday and Sunday and then killing highly adoptable dogs.

The Bronx shelter is no where near completion. So when will we actually have these full service shelters in every borough?

They have absolutely $0 budgeted for marketing!! Why are they not advertising? And they will never say that dogs are at risk if being killed because they don't like those optics! Maybe if the public knew that this was happening then would show up and help save these defenseless voiceless beings. Much of the public do not even know what the ACC is!! I did not know either until I started getting involved in animal advocacy

after I retired and was trying to help dogs in Texas when I discovered that my city, my progressive city, was also killing dogs. I was shocked! And that is because ACC does a very good job of not making this transparent. They will say we have to make some "hard choices". And when people ask if they kill they will say only for medical or behavior, not space. But medical could be kennel cough and behavior could be fear, stress or leash biting.

They have over 300 New Hope Partners, but meanwhile only about 10 to 15 consistently pull. What are the vets there for? Why use all medical cases put on EP or a plea is sent out for rescue instead of them treating the dog. Rescues have to raise funds to treat these animals. They don't have a million dollars budget and vets on staff!

Who evaluates these dogs? These evaluations can determine their fate so only experienced behaviorists should be conducting evaluation. And reevaluated after intake. Do not just go by what they see when they enter the shelter and they are devastated and scared

The use of drugs is out of control. Trazodone and gabapentin is given to almost every single dog in very high doses and without consideration of other medical factors which my make these drugs unsafe

Adopted dogs are returned often which make me question their adoption process and if they stress the need for decompression to their adopters. Most dogs who are returned are fast tracked to the ep, some do not even get that chance and they are killed quickly. Dogs also get returned from fosters and are fast tracked to ep or worse.

And when you search for a dog who is still alive and available but awaiting euthanasia, they are completely wiped off the site and a search says no longer available. It should say awaiting euthanasia and when they are killed it says the same thing instead of euthanized.
The DOH does nothing to supervise the ACC. There needs to be a complete overhaul of all the people in charge of the ACC and hiring new people who care about the animals and their welfare are in charge and will work for the most positive outcomes for all the animals who walk through their doors! There should be a Department Of Animal Welfare set up that has impartial people running the department not people who previously were employed by the ACC.  Our system is broken and our homeless, voiceless and defenseless animals are the victims of this broken system.

5.14.24

To Whom It May Concern:

My name is Melanie Szwed and I am an animal lover – owner of 2 cats, 1 of which I saved from the streets of NYC about 4 years ago. I am also an advocate for animal rights, both domestic and wild. I have donated to many causes including but not limited to: promoting awareness of climate change and the impact it has on the earth & wildlife; supporting the shift away from animal testing; and donating to animal activist groups that are on the ground doing the thankless work of saving as many animals as they can from war-torn/natural disaster-stricken areas and all of the other horrible homeless/abuse situations in between.

I am writing this testimony today to encourage the city of New York to do the same and be that advocate for the so many innocent lives that are being senselessly killed – daily - in our shelters.

We need more money to support no-kill shelters and feral caretakers. We also need to be devoting more money toward out-of-the-box thinking. We are one of the biggest cities in the world with countless outlets where these animals could be placed. A few ideas to start:

- Budget money to support programs in schools. We can create ‘house pets’ where the kids can learn to love and be responsible for another life. These animals also act as instant morale boosters and would benefit the mental health of the students and teachers, especially those who may not have a great home-life outside of school.
- Budget for in-house therapy animals in hospitals and old-age homes
- Create ‘house pet’ programs for all of the bodegas/shops/hotels, as appropriate. Other cities around the world do this, why aren’t we?
- Work with detention centers and prisons to create programs, similar to the one I mentioned above for schools, where inmates are taught to care for another life – these precious animals. They would be taking care of the animals, but the animals would be a greater benefit to the inmates, showing unconditional love that most of them have likely never experienced in their lives. It can help them to progress through their sentence and set them up for a better future once they are out. These types of programs exist in other countries and have proven positive results
- Budget more money to highlight the benefits of fostering and/or adopting animals from shelters.

Animals are one of the purest joys in life and we need to do better for them and be their voice.

I truly hope some of this ideas are considered at a higher level and we continue to do better as a city.

With much hope,

Melanie

As a resident of Florida, I don't have the opportunity to vote in New York elections. But I do have an opportunity – and a moral right – to raise my voice in the strongest possible defense of the thousands of innocent animals that have perished at the hands of Risa Weinstock and her callous staff at the New York City Animal Care Center.

I can imagine that the staff at NYCACC are often overwhelmed, but the fast-tracked "assessment" process and the rush to jab the death needle into perfectly adoptable and healthy animals is not only a breach of taxpayer trust and the NYCACC's fiscal responsibility to the public but it is also a gross breach of a "care center's" purpose: to find loving, forever families for animals that are homeless through no fault of their own.

At the least, there is a misuse of taxpayer dollars under Risa Weinstock; there is perhaps a whiff of something more nefarious when the public is being told that no healthy, adoptable animals are being killed when in fact they are – by the dozens each and every week. Why is this? Elected officials in New York City should demand answers.

It is time for New Yorkers to do better by its taxpayers and by its most vulnerable members – the animals who look to us for nothing more than love, companionship, and shelter. When someone from as far away as Florida is fed up with the New York City Animal Care Center, it is quite clearly time for a change.

Thank you.

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**I represent:** NYC DOHMH

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**I represent:** Administration

**Address:** _____

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**Address:** 42 BROADWAY SUITE 1945 10004

**I represent:** NYC HEA

**Address:** 42 BROADWAY SUITE 1945 10004

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**Address:** [redacted] Brooklyn NY 11249

**I represent:** myself

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**Name:** Joaquin Arriera Assistant Commissioner

**Address:** of Bureau of Public Health Clinics

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**I represent:** Corey Briskin

**Address:** _____

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