# Fiscal Impact Statement Prepared By New York City Mayor's Office of Management and Budget



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**Disclaimer:** This fiscal impact statement is a preliminary estimate and subject to change based upon further data analysis or changes in bill text. This legislation is summarized as understood by the administration as of the date this statement was prepared and does not include or consider subsequent text changes. This fiscal impact statement is not legally binding on the administration. "Total" columns represent the respective sum over a four-year period; note that fiscal impacts continue after year four. Unless otherwise stated, information used in the preparation of this Fiscal Impact Statement is sourced from the agencies impacted and the NYC Mayor's Office of Management and Budget.

**Proposed Intro No. / Title:** Int. 628-A / Signage regarding transgender rights and services at hospitals

Sponsors: Public Advocate (Mr. Williams) and Council Members Won, Hanif, Bottcher, Restler, Hudson,

Avilés, Farías, Rivera, Louis and Schulman

Committee: Health

**Summary of Legislation:** This legislation requires the Department of Health and Mental Hygiene (DOHMH) to design signs describing the rights of transgender patients and to make such signs available to hospitals in the city. Such signs shall include information on an individual's right to be referred to by their preferred name, title, gender, and pronoun. DOHMH shall post information about the rights of transgender patients on its website and make such information available in the designated citywide languages.

Effective Date: 180 days after enactment

First Fiscal Year Legislation Takes Effect: Fiscal Year 2026

First Fiscal Year with Full Impact: Fiscal Year 2026

**Agencies Impacted:** Department of Health and Mental Hygiene

#### **Fiscal Impact Analysis**

#### A. <u>Total Impact</u> (Expense and Revenue)

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Expense	0	0	0	0	0
Revenue	0	0	0	0	0
Total	0	0	0	0	0

Date Prepared: August 11, 2025

# B. Expense

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Expenditures	0	0	0	0	0

# **Impact on Expenditures (Expense):**

There is no anticipated impact on expense expenditures.

# C. Revenue

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Revenue	0	0	0	0	0

# **Impact on Revenue:**

There is no anticipated impact on revenue.

# D. Capital

	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3	Fiscal Year 4	Total
Expenditures	0	0	0	0	0

# **Impact on Expenditures (Capital):**

There is no anticipated impact on capital expenditures.

**Date Prepared:** August 11, 2025