

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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December 8, 2021  
Start: 10:07 a.m.  
Recess: 10:16 a.m.

HELD AT: REMOTE HEARING (VIRTUAL ROOM 1)

B E F O R E: Mark Levine  
CHAIRPERSON

COUNCIL MEMBERS:  
Alicka Ampry-Samuel  
Inez Barron  
Brooks-Powers  
Darma Diaz  
Mathieu Eugene  
Oswald Feliz  
Robert Holden  
Keith Powers

A P P E A R A N C E S (CONTINUED)

2 SERGEANT-AT-ARMS: PC recording started.

3 SERGEANT-AT-ARMS: And cloud is rolling.

4 And good morning, everyone, and welcome to today's  
5 remote New York City Council over the Committee on  
6 Health. At this time, would all panelists please  
7 turn on their video for verification purposes? And  
8 to minimize disruptions, please place all electronic  
9 devices to vibrate or silent mode. Thank you for  
10 your cooperation. Chair Levine, we are ready to  
11 begin.

12 CHAIRPERSON LEVINE: Excellent. Thank  
13 you, sergeants. Welcome, everyone, to this hearing  
14 on the City Councils Health Committee. I am Mark  
15 Levine, Chair of the Committee. I'm pleased that we  
16 are joined by fellow committee members Council member  
17 Barron, Council member Holden, Council member Ampry-  
18 Samuel, Council member Dr. Eugene, Council member  
19 Brooks-Powers, Council member Diaz, and I believe I  
20 have acknowledged all the members present. If not,  
21 we will catch you in a moment. We are today going to  
22 be holding a vote on important piece of legislation:  
23 Intro number 1625-B in relation to requiring the  
24 Department of Health and Mental Hygiene to make  
25 available FDA approved methods of nonsurgical

2 contraception and long-acting reversible  
3 contraception at its health centers, health spaces,  
4 health clinics, and other health facilities.

5 Currently, DOHMH maintains several health clinics  
6 centered on patient sexual health which provide low  
7 to no cost services for sexually transmitted  
8 infections and accepts all types of insurance. Long-  
9 acting reversible contraception, known as LARC, were  
10 first of several FDA approved methods of birth  
11 control that are intended to last for at least  
12 several years without requiring any user action.  
13 LARC methods are considered the most effective forms  
14 of birth control in preventing unwanted pregnancy  
15 besides abstinence. Despite its efficacy, only 5.8%  
16 of adolescents and women aged 15 to 19 have ever used  
17 a LARC method. Some barriers to use of LARC methods  
18 by young women and adolescents include lack of  
19 familiarity or understanding about LARC's lack of  
20 access, low parental acceptance-- excuse me. Lack  
21 of understanding about LARC's, lack of access, low  
22 parental acceptance, high cost of initiation, an  
23 obstetrician gynecologist and other healthcare  
24 providers misconception about the safety of LARC use  
25 in adolescents. When cost barriers were eliminated

2 and the LARC method was explained, research found  
3 that more than two thirds of females age 14 to 20  
4 years chose an LARC method. Intro number 1625-B  
5 whose lead sponsors are colleague, Council member  
6 Carlina Rivera, why would require the Department of  
7 Health and Mental Hygiene to make available FDA  
8 approved methods of nonsurgical contraception, as  
9 well as long-acting reversible contraception which  
10 includes, but is not limited to, intrauterine devices  
11 and subdermal contraceptive implants. DOHMH would be  
12 required to make nonsurgical contraception and LARC  
13 available at health centers, health stations, health  
14 clinics, and other health facilities operated or  
15 maintained by DOHMH which also offer services  
16 relating to the diagnosis and treatment of sexually  
17 transmitted diseases and provide timely referrals to  
18 such facilities, as well as other family-planning  
19 providers for other services if needed. DOHMH would  
20 also be required to offer cultural sensitivity  
21 trainings to employees of these health centers,  
22 stations, clinics, and other health facilities,  
23 including training on the history of the provision of  
24 long action contraception and the history of  
25 sterilization abuse, comprehensive scientifically

2 accurate information about the full range of  
3 contraceptive options in a medically ethical and  
4 culturally competent manner and implicit and explicit  
5 biases which can result in the harm of the patient,  
6 particularly those which can impede the fair and  
7 equal treatment of all patients. I want to thank my  
8 colleagues from the Health Committee for being here  
9 today and the staff of the Health Committee: counsel  
10 Harbani Ahuja and Sara Liss, policy analyst Anne  
11 Balkan, and finance analyst Lauren Hunt for all their  
12 work on this legislation and in preparing for the  
13 hearing. So, I think now I can refer it back to our  
14 committee clerk, Billy Martin, to call the roll for  
15 the vote.

16 COMMITTEE CLERK: Thank you. Good  
17 morning. William Martin, committee clerk. Roll call  
18 vote Committee on Health on proposed Introduction  
19 1625-B. Chair Levine?

20 CHAIRPERSON LEVINE: I vote aye.

21 COMMITTEE CLERK: Thank you. Eugene?

22 COUNCIL MEMBER EUGENE: I vote aye.

23 COMMITTEE CLERK: Thank you. Barron?

24 COUNCIL MEMBER BARRON: I vote aye. Thank  
25 you.

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2 COMMITTEE CLERK: Thank you. Ampry-  
3 Samuel?

4 COUNCIL MEMBER : I vote aye.

5 COMMITTEE CLERK: Thank you. Holden?

6 COUNCIL MEMBER HOLDEN: I vote aye.

7 COMMITTEE CLERK: I'm sorry. Council  
8 member Holden, you cut out. I'm sorry?

9 COUNCIL MEMBER HOLDEN: I vote aye. Can  
10 you hear me?

11 COMMITTEE CLERK: Thank you, sir. Yes.  
12 Thank you. Darma Diaz?

13 COUNCIL MEMBER DIAZ: I vote aye.

14 COMMITTEE CLERK: Thank you. Brooks-  
15 Powers?

16 COUNCIL MEMBER BROOKS-POWERS: I vote  
17 aye.

18 COMMITTEE CLERK: Thank you. Feliz?

19 COUNCIL MEMBER FELIZ: Aye.

20 COMMITTEE CLERK: Thank you, sir. One  
21 moment. Okay. By a vote of eight in the  
22 affirmative, zero in the negative, and no  
23 abstentions, the item has been adopted by the  
24 committee. Mr. Chair, we have one member outstanding  
25 currently.

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2 CHAIRPERSON LEVINE: Well, thank you to  
3 our committee members. And we're going to keep the  
4 vote open, I think, for just maybe five or 10 more  
5 minutes to give one more chance for our final vote.  
6 Thank you, everyone. I'm really thrilled that we  
7 passed this legislation today.

8 COUNCIL MEMBER EUGENE: Thank you very  
9 much, Mr. Chair.

10 CHAIRPERSON LEVINE: Thank you so much,  
11 Dr. Eugene.

12 SERGEANT-AT-ARMS: And, Council members,  
13 just keep in mind we are still recording, so we  
14 asking that you keep your conversation to a minimum.

15 COMMITTEE CLERK: Welcome, Council member  
16 Powers.

17 COUNCIL MEMBER POWERS: Ready to vote?

18 COMMITTEE CLERK: Yes, sir. Proposed

19 Introduction--

20 COUNCIL MEMBER POWERS: Yes.

21 COMMITTEE CLERK: 1625-B?

22 COUNCIL MEMBER POWERS: Yes. I vote aye.

23 COMMITTEE COUNSEL: Thank you. Final  
24 vote on proposed Introduction 1625-B is nine in the

25



2 affirmative, zero in the negative, and no abstention.

3 Mr. Chair, that is now a full committee.

4 CHAIRPERSON LEVINE: That is wonderful.

5 We got a unanimous vote. And thanks to all my

6 colleagues. We will now be concluding this committee

7 hearing. Thank you so much.

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date January 26, 2022