



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

on

FY 2018 Preliminary Budget

March 20, 2018
Committee Room, City Hall
New York, NY

Good morning, Chair Levine and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Dr. Oxiris Barbot, First Deputy Commissioner and Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2019.

I'm looking forward to working together to improve the health of all New Yorkers. As this is our first budget hearing together, I would like to share a bit of background on the Department and the principles that guide our work. Our organization covers a wide range of health topics and I'm proud to say that the Department's staff represents the very best in their fields. Our policies and programming – on topics as varied as tobacco, restaurant grading, rats and HIV – are widely considered to be the gold standard nationally and internationally. And while the work we do is guided by data and science, under my tenure as Commissioner, we have adopted a values-based approach to public health, one where equity is central to our work. In this great city, your zip code should not determine your health. Core to our values at the Department is our conviction that every New Yorker and every community should have the opportunity to live their healthiest lives.

The focus on equity is critical because although we are making measurable progress in helping New Yorkers live healthier lives, the data show that Black and Latino residents often experience higher rates of disease than other New Yorkers. It's important to note that this is not due to biological differences by race. Indeed, we are quite literally all human. Instead, structural racism and a long history of racial and economic inequality have led to these inequities in health. We know that racism, sexism, xenophobia and other forms of discrimination affect physical and mental health outcomes. And we know that where you live, learn, work and play matters. By acknowledging these realities and focusing on the social determinants of health, such as housing, education and transportation along with more traditional public health issues, the Department has adopted strategies that make our work more effective. Chair Levine, I know that you and Speaker Johnson share these beliefs, and I was gratified that your first hearing focused on our Center for Health Equity and its leadership in this endeavor.

HIGHLIGHTS

I will now turn to some programmatic highlights before discussing the fiscal year 2019 preliminary budget. The Department had a busy 2017. We are proud to have made several recent announcements regarding capital projects, including last week's grand re-opening of the Chelsea Sexual Health Clinic and the selection of a location for the Bronx animal shelter. We also released the LGBTQ Bill of Rights, which reiterates that health care providers and their staff are legally obligated to provide LGBTQ people with high quality health care. It is both wrong and illegal to provide lower quality of care because of sexual orientation, gender identity or gender expression.

In 2017, we also launched the Maternal Mortality and Morbidity Review Committee, which brings together health care providers, community-based organizations, researchers and first responders to review maternal deaths and "near misses" to collectively learn from these tragedies. Severe maternal morbidities are pregnancy-related complications that threaten the health of the mother. These represent one of the starkest health disparities in our city. A Black woman with a college degree or higher is more likely to have serious complications during childbirth than a White woman with less than a high school education. The review committee will increase our vigilance

and understanding of these events, and is just one of the Department's efforts to address this very serious public health issue.

Finally, together with the Council, we worked to pass a package of tobacco-related bills that keeps New York City at the forefront of tobacco control in the nation. Tobacco use remains the leading cause of preventable deaths in the United States and there are still more than 850,000 adult smokers in New York City. These new laws will help decrease the number of smokers by 160,000 by 2020, saving many lives and bringing New York City's smoking rate to a historically low 12 percent.

CITY BUDGET

I will now turn to the preliminary budget. The Department currently has approximately 6,000 employees and an operating budget of \$1.6 billion, of which \$700 million is City Tax Levy. The remainder is federal, State and private dollars. In the fiscal year 2019 preliminary plan, the Department received an additional \$3.5 million for Co-Response expansion under NYC Safe, \$1.1 million for a Comprehensive Drug and Alcohol Misuse Program to help address substance use issues among LGBTQ youth and \$1.0 million to implement the Neighborhood Rat Reduction Plan.

Last summer, the Mayor announced the City's Neighborhood Rat Reduction Plan, a \$32 million, multiagency initiative that builds on the Department's existing and successful rat reduction programs and focuses on neighborhoods with the highest burden of rat activity. For fiscal year 2019, the Department has been allocated \$1.0 million to hire staff, purchase rat-resistant waste receptacles known as "big bellies," develop a widespread public awareness campaign and stand up "stoppage teams" to plug rat burrows. Through the plan, we are implementing innovative rat prevention, inspection and control approaches with our sister agencies. We are looking forward to conducting a robust evaluation of these efforts and anticipate seeing measurable declines in rat activity in the targeted areas.

And though we have a separate budget hearing on this later today, I want to acknowledge our ongoing work to address mental health and substance misuse. We are now in the third year of the City's ThriveNYC initiative and beginning the second year of HealingNYC. Just yesterday, the Mayor and First Lady announced an additional \$22 million per year to address the opioid epidemic. This will include funds for the Department to expand the Relay peer intervention in hospitals program, establish the End Overdose Training Institute to train New Yorkers on how to administer and distribute naloxone and expand crisis response services to address the health needs of individuals referred to us through law enforcement and first responders.

STATE AND FEDERAL

We are grateful for this continued funding from the City, but reductions in resources at the state and federal levels have deep and tangible effects on the services we are able to provide to the public. As the Governor and Legislature finalize the State's fiscal year 2019 budget this month, I would like to flag for you two areas of concern for the Department. First, over the past 10 years, funding for tuberculosis control efforts has declined by nearly 50 percent, including a 20 percent State reduction last year and a proposed reduction in fiscal year 2019. This is particularly concerning because for the first time in several decades, we are seeing an increase in TB cases in

New York City – there was a 23 percent increase in the first four months of calendar year 2017 compared to the same period in calendar year 2016.

Additionally, there was a 20 percent State cut to School-Based Health Center grants in fiscal year 2018. Through these centers, students can access comprehensive medical care, dental, vision and mental health services at no out-of-pocket cost. As a result of this budget reduction, School-Based Health Centers have already begun to close and as many as 20 may be forced to close their doors at the end of the current school year. Given the uncertainty at the federal level, now is not the time to cut health care services provided by these safety net institutions. I am thankful that the Assembly addressed these concerns in their one house budget bill. I encourage you to speak to your State colleagues about the need for robust public health funding by both the City and State to keep New Yorkers healthy.

Finally, I'll turn to the current environment at the federal level. Through policy proposals and proposed budget cuts in the tens of millions, the White House has made it clear that it does not share our mission of protecting the health of all New Yorkers. The words "diversity," "fetus," "transgender," "vulnerable," "entitlement," "science-based" and "evidence-based" have been chided as "bad" words by this federal administration, but they will remain at the core of what we do at the Department, day in and day out. As public health experts, it is our job to acknowledge and address health inequities. It is our job to use evidence-based approaches to prevent the leading causes of death, including heart disease and cancer. Despite continued attacks on the Prevention and Public Health Fund, it is our job to respond to disease outbreaks. As Washington tries to dismantle the Affordable Care Act and Medicaid, it is our job to ensure that everyone, regardless of immigration status, has access to health care. And it is our job to speak out as people continue to die due to lax gun control laws and the inability of the Centers for Disease Control and Prevention to conduct research on the subject. Regardless of what terms Washington deems permissible, we will continue to serve vulnerable populations, embrace diversity and use evidence and science-based solutions to protect and promote the health of all 8.5 million New Yorkers.

We are able to do this work because of the rich network of local elected officials, community-based organizations and members of the public with whom we work. I want to thank the Mayor and City Council for sharing our commitment to public health, and I look forward to the next four years of partnership. I am happy to take questions.

Testimony

Of

Dr. Barbara Sampson, NYC Chief Medical Examiner

NYC Office of Chief Medical Examiner

Before the

New York City Council Committee on Health

For the

FY 2019 Preliminary Budget Hearing

March 20, 2018

Good morning Chairman Levine and members of the Health Committee. Thank you for the opportunity to testify here today. We at the Office of the Chief Medical Examiner value your leadership and thank the City Council for its support of our mission to serve the people of New York City during their times of profound need.

I am Dr. Barbara Sampson, the Chief Medical Examiner for New York City, and my duty is to protect the public health and to serve criminal justice through forensic science. My personal mission is to build our medical examiner's office into the ideal forensic institution: independent, unbiased, immune from undue influence, and as accurate as humanly possible.

Seated with me are Dina Maniotis, Executive Deputy Commissioner for Administration, and Florence Hutner, General Counsel.

I start my fifth year as the appointed chief of the strongest and most comprehensive medical examiner office in the country. Together we celebrate with all New York City the centennial of this office, which is the home of the first U.S. Forensic toxicology laboratory. Let me begin with the tremendous accomplishments of our toxicology laboratory.

The OCME Forensic Toxicology Laboratory has in the last two years undergone an expansive reorganization and strengthening through staff training and the acquisition of advanced analytical instrumentation. The result is, that a backlog of more than 800 cases was eliminated in less than three months in 2016 and turnaround times for completion of casework have been drastically reduced from an average of 120 days to 20 days or less with over 90% of all cases completed within 30 days. That is twice as fast as the national standard.

Further, the toxicology laboratory maintained both New York State and the American Board of Forensic Toxicology (ABFT) accreditation, expanded the scope of its testing and developed new testing methodologies to address the changing needs of a modern Forensic Toxicology Laboratory.

All of this was achieved during a particularly challenging time: the on-going, nationwide opioid epidemic. The OCME investigates all deaths which may in any way involve drug intoxication, and we perform autopsies and forensic toxicology testing to determine the cause and manner of death of these individuals. The NYC medical examiners play a central role in helping to characterize the opioid epidemic - serving as a critical source of data regarding which drugs and drug combinations are causing these deaths and which populations may be at greatest risk for fatal overdoses. As part of HealingNYC, the Mayor and First Lady's plan to disrupt the opioid epidemic in NYC, the OCME routinely sits at the table with law enforcement and public health partners across all levels of government to analyze this epidemic and formulate strategies to combat its impact.

As part of these investments made through HealingNYC, the Laboratory introduced a new method capable of screening for 30 different synthetic opioids, an essential tool to meet the challenge of the opioid epidemic, which is fueled by illicit fentanyl. These in-house tools allow OCME to share its findings with our partner agencies in real time at an unprecedented level of detail helping inform decisions made by DOHMH and law enforcement.

Our lab continues to develop advanced methodologies to identify emerging illicit drugs including not only synthetic opioids but also other “novel psychoactive substances”. These designer drugs are increasing in prevalence and the Laboratory will continue to ensure it is equipped to deal with constant changes in drugs available on the street to support the Medical Examiners in determining cause and manner of death.

The OCME Forensic Toxicology Laboratory also has the technical expertise and advanced laboratory instrumentation to provide the City of New York with a centralized Forensic Toxicology Service. In September 2017, with support from both the NYC District Attorneys’ Offices and the NYPD, the OCME Forensic Toxicology Laboratory was approved to test all specimens collected in New York City from individuals suspected of driving under the influence of alcohol or drugs. Previously, some of these tests were performed by the NYPD lab or by private labs. Having a centralized service at OCME to perform this work saves on substantial costs associated with having tests carried out by private laboratories and from bringing experts from out-of-state to testify in New York City. In addition, all DUI cases will be tested for both alcohol and drugs. Further, our Laboratory - with significant investment over the past two years in staff training – now has the greatest number of NYS Certified Analysts for Alcohol testing anywhere in the country. We have the capacity to provide Expert Witness Testimony across all five boroughs of New York City.

Through new funding, two new staff are being on-boarded to support the additional casework received for DUI testing. These staff include a Criminalist, who will carry out laboratory duties, and a laboratory inventory manager who will manage the consumables required to deliver this

service, return completed evidence to the NYPD, and provide additional laboratory support duties.

Since 2017 we have seen a three-fold increase in the number of DUI cases submitted for testing but nevertheless have continued to maintain turnaround times of less than 20 days. The increase has not impacted our ability to complete cases submitted by the Medical Examiners or cases submitted for testing from suspected drug-facilitated sexual assaults. At the end of 2017, mean turnaround times were 17 days and 18 days, respectively, for these cases.

In addition to the ABFT accredited toxicology laboratory, NYC OCME is proud to be home to two other highly advanced accredited forensic laboratories: Forensic Biology and Molecular Genetics.

I will turn to the Forensic Biology laboratory first.

The OCME operates North America's largest public forensic DNA laboratory, and is a leader in DNA technology and research. Forensic Biology also processes environmentally challenged and degraded skeletal remains utilizing optimized bone extraction techniques. We are also continuing to work on the unidentified remains of the 9/11 terrorist attacks. This August, we identified the one thousand, six hundred forty-first person from the attack on September 11, 2001. We honored the wishes of the family to withhold the name of the person identified. The identification of this victim was performed by our laboratory using new technologies developed in-house and placed on-line in 2017. This year, we have also re-associated many remains to previously identified victims. As we promised the impacted families in 2001, we are continuing our work on the identification of the victims of the disaster.

Since 2015 the Forensic Biology lab has experienced a record increase in its case submissions, all while maintaining an excellent turn-around time of approximately 6 weeks for crimes against persons. In calendar year 2016, the laboratory experienced a profound 46% increase in cases over 2015. The increased case submissions are continuing. Most of this increase is due to the processing of gun crimes resulting from the successful Mayoral initiative called Project Fast Track.

Forensic Biology added new needs funding in July 2017 and increased capacity to hire 53 staff to address case submission increases, of which 35 are forensic molecular biologists and 18 are operations staff. We have been successful in our effort to recruit, on-board and begin intensive training of these staff. Additionally, we have been successful in training and promoting our very capable current employees into positions of greater responsibility and complexity.

In January 2018, the fourth refinement of our production system using efficiency practices of Lean and Six Sigma was implemented to essentially, do more with less – process more cases than can be achieved by new hires alone. Initial results are very promising. Our goal is to continue to reduce our backlog and turn-around times, even with a dramatic increase in cases.

Our preeminent Molecular Genetics laboratory directly supports our mandate to investigate sudden, unexpected, and unexplained deaths in apparently healthy New York City residents. Advances in molecular medicine have increased the ability to identify diseases at the molecular level that escape discovery after complete autopsy, microscopic examination, and toxicology testing. Currently the laboratory performs molecular analysis of 95 Cardiomyopathy genes,

thrombophilia molecular analysis, and sickle cell disease molecular analysis. The 95 cardiac genes testing panel has nearly tripled the success rate of the six-gene panel test it replaced.

The Molecular Genetics Laboratory received its third consecutive zero deficiency – which means a perfect score - during its College of American Pathologists (CAP) biennial unannounced on-site inspection. Since 2016, we have also been providing professional genetic counseling services and support to the families of the decedents who test positive by our laboratory.

Finally, two articles on molecular diagnostics in idiopathic pulmonary embolisms and sudden unexplained death have been accepted for publication in highly respected peer-review journals.

In 2015 at my direction the agency conducted an in-depth analysis of the mortuary unit's operations which resulted in a series of corrective actions to meet an ambitious standard of 100% accuracy 100% of the time. The City Council funded OCME in FY16 with additional mortuary staff and since then I am proud to say we have built a truly outstanding cadre of forensic quality specialists who work tirelessly to ensure the highest quality control in mortuary operations.

Even with added controls that are by their nature time consuming, we have maintained excellent processing times for our stakeholders. In 2017 funeral directors waited only 31 minutes on average to pick up a decedent. Overall in 2017 and across the boroughs OCME made remains available or "Ready-to Release" for burial in 1.7 days. Remains are picked up by funeral directors on average about 8 days from when they are ready to release.

City Budget

I want to turn now to the preliminary budget. The NYC OCME has approximately 740 employees and an operating budget of \$78.4 Million, of which \$76.4 Million is city tax levy.

In this preliminary budget we received 20 new positions to augment our mortuary operations and run two additional Medical Examiner Transport Team 24/7 and 365 days a year.

The Toxicology laboratory received 2 additional staff and \$86 Thousand in OTPS to conduct all DWI testing for all NYC cases prosecuted by the DA's in all five boroughs.

In conclusion I want to express gratitude to this City, this administration and this City Council for valuing and supporting OCME in Science Servicing Justice. I would like to publicly thank the family members with whom our staff interacts each day. As I end my twentieth year as a NYC medical examiner, I can speak for all OCME staff when I say that providing answers and a little bit of comfort to grieving families is the greatest reward of our job.

I am happy to answer your questions.

March 20, 2018

**Testimony of Health Justice Director Laura Redman
On Behalf of New York Lawyers for the Public Interest
Before the New York City Council's Committee on Health**

Good afternoon, my name is Laura Redman and I am the Director of the Health Justice Program at the New York Lawyers for the Public Interest. Thank you to Chairperson Levine and the Committee members for giving the opportunity to present testimony today.

I. New York Lawyers for the Public Interest

For more than 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Our work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to create equal access to health care, achieve equality of opportunity and self-determination for people with disabilities, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color. In this time of great uncertainty and threat to our client communities, NYLPI fights to protect progress, build resilience, and pursue local innovation.

Our staff of 35 includes lawyers, community organizers, social workers, legal advocates, development professionals, and administrators.

In the past five years alone, NYLPI advocates have represented thousands of individuals and won campaigns improving the lives of millions of New Yorkers. Our work with community partners has led to

landmark victories including deinstitutionalization for people with mental illness; access to medical care and government services for those with limited English proficiency; increased physical accessibility of New York City public hospitals for people with disabilities; cleanup of toxins in public schools; and equitable distribution of environmental burdens.

In addition, NYLPI's Pro Bono Clearinghouse provides critical services to strengthen non-profits throughout every community in New York City. Drawing on volunteer lawyers from New York's most prestigious law firms, we help nonprofits and community groups thrive by providing free legal services that help organizations overcome legal obstacles, build capacity, and develop more effective programs. Through educational workshops, trainings for nonprofit leaders, individual counseling and a series of publications, the Clearinghouse is at the forefront of helping nonprofits maximize their impact on communities in each of your Districts.

NYLPI's **Health Justice Program** brings a racial justice and immigrant rights focus to health care advocacy in New York City and State. As the Council considers the City's budget with regard to legal services and support for New York's communities, NYLPI hopes that the Council and Administration will prioritize immigrant communities and particularly immigrant health.

II. **NYLPI's Work as Part of the Immigrant Health Initiative: UnDocuCare**

NYLPI is honored to be part of the **City Council's immigrant health initiative** and we thank you for that support. **NYLPI and our partners received \$500,000 in funding last year.** This support has allowed us to expand our work educating immigrant New Yorkers with serious health conditions, their healthcare

providers, and legal service providers about healthcare access and connecting individuals to state-funded Medicaid, Medicaid that can provide life-changing and often life-saving treatment for our clients.

Through this funding we have been able to train and give informative presentations on immigrant access to healthcare to hundreds of community based organizations, health care providers, and legal services providers. We also provide comprehensive screenings and legal representation to individuals, particularly those who are in health emergencies, including holistic support for their intersecting needs. In light of newly-understood risks and a focus on health emergencies, our individual cases have become far more complex. We have developed a nuanced practice taking the cases no one else can.

For example, our client Ms. O, a Ghanaian national and Bronx resident with End-Stage Renal Disease, had received treatment from Broadway Dialysis in Elmhurst for many years. She had no hope for any additional care until she met NYLPI through her doctors. We filed her first immigration application two years ago, enrolled her in Medicaid, and got her on a transplant list. After many hurdles and more legal advocacy from NYLPI through the years, she now has a new kidney and a life-changing outlook.

Another client, Ms. P, is an undocumented mother of two in Elmhurst who has ALS and had lost most of her ability to speak. We gathered a multi-disciplinary team at NYLPI and completed a comprehensive immigration, health, and services evaluation. We filed a humanitarian deferred action immigration application on behalf of Ms. P, which was nearly 8 inches thick. In addition, we worked with the ALS Association social worker to find Ms. P transitional hospice care, which would allow her to stay in her home during transition to full comprehensive state-funded Medicaid. Ms. P also is a domestic violence survivor and we connected her with colleagues at Sanctuary for Families for safety planning and

government benefits that may be available for her citizen children. As a result of our work, Ms. P received Medicaid, appropriate care, and was able to take steps to protect her children and herself.

III. Improving Healthcare for NYC Residents in Detention Through the Immigrant Health Initiative

The Immigrant Health Initiative funding also supports NYLPI's work seeking to improve access to healthcare in immigration detention facilities. The recent explosion of federal immigration enforcement has overwhelmed a detention system already in crisis. For NYC residents held in detention, NYLPI provides individual and systemic advocacy to improve health care. We continue to do outreach across the city to shine a light on this population. We have built and will expand a volunteer network of medical professionals to perform evaluations of the health conditions of people in detention and current treatment regimens in support of advocacy efforts. We also provide support for City Council-funded New York Immigrant Family Unity Project attorneys and have helped secure the release of eleven people from immigration detention partly based on the lack of adequate medical care.

For example, after nearly 18 months immigration detention, our client Mr. S's body was wracked in pain, covered in sores, and acutely vulnerable to infection. His health had deteriorated drastically in detention due to poor care. He had lost over sixty pounds; he often could not leave his bed, or move his fingers. He faced the immediate risk of permanent joint disintegration. His immigration attorneys reached us in crisis, and our team worked through the weekend to activate our volunteer medical network, assess the dangers of his declining health, and make the case for humanitarian release to the Department of Justice. Four days after we met Hector, he walked out of immigration detention. He is now home in Washington Heights — with the care that he so desperately needs.

Another client, Mr. L, was detained at Hudson County Detention Facility and is the primary caregiver for his elderly partner who suffers from several chronic conditions. Mr. L has chronic kidney disease, diabetes and other collateral ailments. We filed a humanitarian parole application on his behalf based both on his own health needs that were not being met in detention and his role as a caregiver for his partner. Mr. L was released on bond as a result.

We thank the Council again for this tremendous assistance, and **ask that the funding continue in FY 2019** for both NYLPI and our community partners: Academy of Medical and Public Health Services, Bronx Health Reach, Grameen Vida Sana, and Plaza del Sol, **plus an enhancement of \$100,000** for NYLPI to expand on our successful immigrant health program. The enhancement will allow us in the next year we to deepen our ability to take the complex cases for people with life threatening illnesses, the cases no one else can; expand our training modules and outreach to medical professionals; develop a Know Your Rights and medical documentation guidance and referral booklet to be distributed to everyone who is detained; and develop an education and training program for local and state judges.

IV. Conclusion

Thank you for your time and we look forward to continuing to work the Council to improve immigrant New Yorkers' access to health care.

We hope the issues we have identified above will inform the Committee's advocacy in the coming months. Please contact Laura Redman (lredman@nylpi.org) at (212) 244-4664 for further information or discussion.



GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON HEALTH
MARK LEVINE, CHAIR
MARCH 20, 2018

God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses. Over 30 years ago God's Love began with one person's simple, compassionate response to hunger. God's Love provides services to the most underserved and isolated populations in our City: those who are sick and unable to take care of their most basic need – the need for food and nutrition. **We believe that being sick and hungry is a crisis that demands an urgent response and for New Yorkers living with complex illnesses, God's Love is the only service that stands between them and hunger.** When someone calls us for help, we deliver their first meal on the next delivery day, we never charge clients for their meals and we have never had a waiting list. Each year, God's Love continues to grow to meet the demand, last year alone, we delivered over 1.7 million meals to 7,000 men, women and children living with severe illness throughout the NYC metropolitan area.

God's Love is unique due to our focus on nutrition. Although some individuals can tolerate regular food, illness can lead to a variety of complications that require a specialized diet. We are able to meet this need as part of our commitment to food as medicine. God's Love clients receive services from our 7 Registered Dietitian Nutritionists (RDNs) who tailor each meal to meet each client's specific medical needs. All of our meals are well-balanced: low in sodium, free of highly allergenic foods such as nuts and shellfish, and immune supporting. Our menu allows for individualization of meals according to dietary needs, including texture restrictions such as minced and pureed diets, and renal diets. Based on a client's nutrition assessment with an RDN, additional restrictions may be added to the client's diet for medical, nutritional, or cultural reasons. Our goal is to provide clients with the least restrictive meals possible that meet their medical needs and nutritional requirements.

Our services ensure those living with life altering illness have access to food while also improving health outcomes and reducing health care costs. Research shows medically-tailored meals are a low cost, high impact health intervention. An individual can be fed a medically-tailored diet for six months for the same cost as just one night's stay in the hospital. Return on investment for medically-tailored meals is clear and fast – with results available in as little as 30 days. **A recent pilot study showed a 28% drop (from \$38,937 to \$28,183) in average monthly health care costs for patients battling life-threatening illness who received medically-tailored meals and medical nutrition therapy (MNT).**^[iii] When compared to similar patients who did not receive these services, study participants also experienced 50% fewer hospital admissions and were 23% more likely to be discharged to their homes rather than another facility.^[iv] Medically-tailored meals have also been shown to increase adherence to antiretroviral therapy (from 47-70% adherence), reduce hospital stays (63%), and reduce ER visits (36%) for people living with HIV.^[v]

God's Love is an integral part of the City's safety net that provides a unique service not currently offered by other providers. God's Love serves people of all ages living with serious illnesses. For example, if you are under the age of 65 living with cancer and are unable to shop or cook for yourself, your only option in New York City is God's Love We Deliver. God's Love is also a vital safety net service for seniors. **Seniors living with serious illnesses that require very specific diets (like Renal Failure) are unable to be served by home delivered meal providers currently contracted by DFTA, as a result, these clients are regularly referred to God's Love from DFTA-contracted meal providers who cannot address the clients' complicated nutritional needs. In addition, due to a lack of mobility, these individuals are unable to use SNAP benefits which require recipients to shop and cook for themselves. Despite being**

referred, God's Love We Deliver has no contractual relationship with DFTA, DOHMH, or any City Agency.

As a key service agency within the local care continuum, we maintain relationships with 200 community organizations to reach those in need however, it is increasingly challenging to raise the private funds necessary to meet the needs of those we reach. The City Council and the Borough Presidents have historically provided funding to support our work however, the Administration does not currently have any direct resources available for medically tailored meals and as a result, we fundraise 65% of our budget.

To ensure we can continue to provide services, which improve the health outcomes of the increasing number of New Yorkers in need of our services, we ask the Council to join us in calling on the Administration to include funding for Medically Tailored Home Delivered meals in the FY19 budget.

Thank you for your time and consideration.



Karen Pearl, President & CEO

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[iii] Jill Gurvey et al., Examining Health Care Costs Among MANNA Clients and a Comparison Group, 4 J. Primary Care & Cmty Health 311, 313-15 (2013).

[iv] Id. at 315.

[v] Palar, K., Napoles, T., Hufstedler, L.L. et al. J Urban Health (2017) 94: 87. doi:10.1007/s11524-016-0129-7.

[vi] Id.



**GOD'S LOVE
WE DELIVER®**

FOOD IS MEDICINE

We are dedicated to cooking and delivering the specific, nutritious meals a client's severe illness and treatment so urgently require. **Serving the greater New York City metropolitan area since 1985.**

Mission in Action



1,700,000

Meals per year

6,800

Meals per day



10,000

Volunteers adding \$2M in service

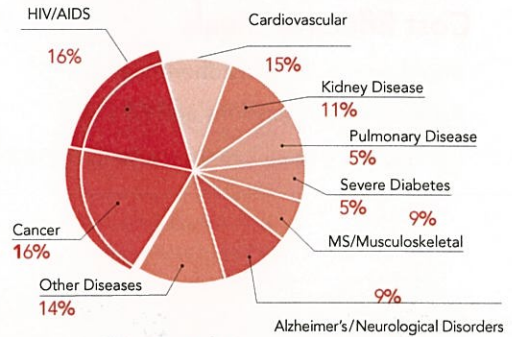


100%+

Growth in meals in 9 years

People Served

DIAGNOSIS



7,000 People

91% are clients 5% are caregivers 4% are children

Home-Delivered Meals

We provide medically-tailored meals by addressing a combination of restrictions, resulting in almost infinite meal variety.



Some restrictions include:
Pork, Beef, Fish, Vegetarian,
Sugar, Fat, Dairy, Renal,
Minced, Pureed, Acid/Bland
and Fiber/Gas

RDNs

7 Registered
Dietitian
Nutritionists
Prepare
Client
Meals



All meals are low in sodium



No starters, fillers
or preservatives

SPECIAL TOUCHES

Support families by feeding the children

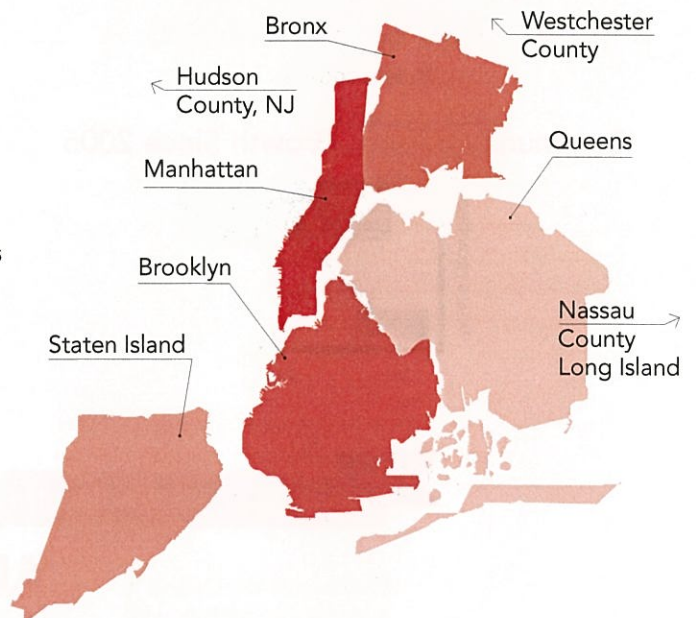
♥ and senior caregivers of clients

♥ Special holiday meals and gifts

♥ Personalized birthday cakes and cards

♥ Emergency meal kits for blizzards and blackouts

Geography



godslowedeliver



godslovenyc



godslovenyc



godslowedeliver



godslowedeliver




godslovenyc


Research

The Need

 **3X**
Higher healthcare costs for malnourished patients compared to nourished patients¹

 **2X**
The initial hospitalizations for malnourished patients compared to nourished patients²

 **3X**
Longer hospital stay for malnourished patients compared to nourished patients¹

 **2X**
More likely malnourished patients will be discharged to a facility rather than their home¹




Access To Medically Tailored & Cost Effective Meals

- Improves medication adherence³
- Reduces hospitalizations and ER visits⁴
- Can reduce overall healthcare costs up to 62%⁵



Research in Progress

- ♥ Health outcomes for clients with metastatic cancer with a hospital in NYC
- ♥ Cost savings in a mainstream Medicaid population with an NYC managed care organization

 Live more independently

 Manage medical treatment better

 Learn to eat nutritionally

 Decrease stress

Partners with New York State in Healthcare Innovation

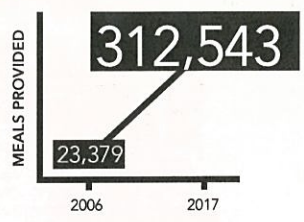
Medicaid: Community Partners Program

- ♥ Medicaid 1115 Waiver (MLTC)
- ♥ Duals Demonstration Project (FIDA)
- ♥ 34 Contracts

Balancing Incentives Program

- ♥ Expansion of Community Partners to Westchester and Nassau Counties
- ♥ Creation of a Referral Tool for Care Coordinators

Community Partner Growth Since 2005



Delivery System Reform Incentive Payment (DSRIP)

Goal: **25%**
Reduction in hospitalizations

12
Partnerships with hospitals

Ending the HIV Epidemic

God's Love We Deliver is a leadership partner with



Footnotes: ¹Corkins MR et al., J. Parenteral and Enteral Nutrition (2013); ²Su Li Lim et al., 31 Clinical Nutr. 345-250 (2012); ³Singer, A et al. AIDS Behav (2015) 19:1510-1526; ⁴Adaila A et al., New York State Department of Health: Resources for Ending the Epidemic, 2014; ⁵Gurvey J, Rand K, Daugherty S, Dinger C, Schmeling J, and Laverty N. 4(4):311-7 (June 3, 2013)



New York Road Runners
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**TESTIMONY BEFORE
NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH**

**FISCAL YEAR 2019 PRELIMINARY BUDGET
TUESDAY, MARCH 20, 2018**

PREPARED BY
MICHAEL RODGERS
VICE PRESIDENT, YOUTH AND COMMUNITY RUNNER ENGAGEMENT
NEW YORK ROAD RUNNERS

Good afternoon Chair Levine. My name is Michael Rodgers and I serve as Vice President of Youth and Community Runner Engagement at New York Road Runners (NYRR). Thank you for this opportunity to testify before the Committee on Health on the Fiscal Year 2019 Preliminary Budget.

INTRODUCTION

NYRR's mission is to help and inspire people through running. We achieve our mission by creating running and fitness opportunities and programming for people of all ages and abilities.

NYRR demonstrates its commitment to keeping New York City's five boroughs healthy through races, community events, youth initiatives, school programs, and training resources that provide hundreds of thousands of people each year with the motivation, know-how, and opportunity to run for life.

NYRR's premier event, the TCS New York City Marathon, is not only a celebration of New York City but is a powerful contributor to its betterment. The Marathon generates \$415 million in economic impact for New York City and in 2017, 9,300 charity runners raised \$35.5 million on behalf of hundreds of not-for-profit organizations.

NYRR is woven into the fabric of our city, with programming across all age groups and an activated constituency. We engage over 25,000 volunteers annually, providing free time, talent, and energy to keep our events safe, and parks and communities clean and beautiful. Our free community running and walking initiative, NYRR Open Run, is getting thousands of New Yorkers out running and walking weekly in 13 local New York City Parks in all five boroughs, with three more park sites set to open this year. NYRR is also working with local stakeholders to identify areas with high health disparities, participating in local health fairs, walking with over 2,300 seniors as part of our NYRR Striders walking program, and serving as a resource and partner to public officials, community boards, business improvement districts, hospitals, community health organizations, and grassroots community groups.



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While NYRR is best known for producing the TCS New York City Marathon and our other races and community offerings for adults, our organization is also the **largest nonprofit provider of free youth fitness programs in New York City**. NYRR has been providing free physical education (PE) and fitness programs for our city's youth since 1999, and in the 2016-17 school year, our free school-based programs, fitness events, and resources touched the lives of 115,000 New York City youth at 810 unique schools and community centers.

NYRR is devoted to making physical education and fitness accessible to **all** children. Our free programs are designed to help all kids aged pre-K – grade 12 build their confidence, their motivation, and their desire to be physically active for life. While engaged in our programming, children are also building their self-esteem and learning to set and reach personal goals.

BUDGET REQUESTS FOR FISCAL YEAR 2019

NYRR is asking the New York City Council to consider an Initiative funding request in the amount of \$500,000.

As you may be aware, last year the city announced the *Universal Physical Education Initiative* that promises a designated PE space for all New York City schools by 2021. This initiative acknowledges the vital role physical activity has on a child's education and the idea that healthy and active lifestyles are not an add-on, but an imperative to achieving greatness in all areas of life. As the city works to build these spaces, we cannot forget the essential need for physical education programs to be implemented within them.

NYRR is requesting \$500,000 in support of our signature school-based youth fitness program, Rising New York Road Runners. This school year we are on track to serve more than 800 schools and community centers and 115,000 children and youth with this free, standards-based program that is helping schools, teachers, and students alike achieve their goals. Every single Council District in New York City has schools benefiting from this program.

Despite the need for obesity-preventing physical activity programs, the Council's Obesity Prevention Initiative was cut from the FY17 City Budget, effectively defunding NYRR which was supported under this Initiative in the amount of \$250,000 for seven years. During that time NYRR more than doubled our free service to New York City schools, because we recognized the immediate need for PE programming that works for each schools' unique needs and limitations. With our 2019 request, we are hoping to restore and increase funding under the Child Health and Wellness, Physical Fitness & Education Initiative, and/or a Speaker's Initiative, so our effective program can continue to be offered to schools and community centers free of cost in the coming school year.



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Rising New York Road Runners is a new, research-based youth program that allows for higher impact at a lower cost-per-child. This program can be the change for educators who need a comprehensive physical fitness program through an easy-to-use, customizable platform. **Every single activity in the program is aligned with SHAPE America National Standards for PE, recently adopted by the NYC DOE.** NYRR is providing every school with start-up kits, comprehensive support for school leads, an online session plan builder for easy planning, plus incentives for the kids like t-shirts and water bottles, and rewards for the schools like books and healthy snacks, **completely free of cost.**

I would also like to share that our redesigned youth program model incorporates the latest research on physical literacy and focuses on building the fundamental movement skills everyone needs to be active for life. It allows us to grow our reach to the full spectrum of students, pre-K through grade 12. Because the new program is even more scalable, NYRR is positioned to have continued growth and increase our New York City service population annually. The redesigned program has been well-received in New York City schools and the application for the 2018-19 school year opens in early April.

While our service numbers are increasing, NYRR remains committed to quality. We partnered with Tufts University and Canadian Sport for Life to carefully plan and evaluate the program's curriculum and continually assess its implementation. It is designed to have even greater impact by being built on a growing body of research on gaining physical literacy, meaning children who participate in the Rising New York Road Runners program are more likely to gain the confidence and skills to be physically active throughout their lives. **Additionally, the program's session plan builder features adaptations for children with disabilities, ensuring that classes with compositions of students with varying physical and cognitive abilities can all participate.**

- With its ease of implementation and plug-and-play lesson plan builder, Rising New York Road Runners is a true resource to New York City schools that have limited time, space, and resources to run adequate physical education programs.
- Every activity in the Rising New York Road Runners curriculum is aligned with SHAPE America National Standards for PE, which have been adopted by the NYC DOE. This means NYRR's program will help schools measure and meet their standards and goals with incredible ease, especially because the physical activities in the program can be customized to run in classrooms of any size, in any space, and with students of varying abilities.
- NYRR provides start-up kits to schools, offers in-person and online trainings along with phone and email support to school teachers, and provides the online Rising New York Road Runners curriculum and session plan builder plus incentives like t-shirts and water bottles to schools and participants, **all for free.**



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- Every school that implements the Rising New York Road Runners program is invited and bused, if needed, at no cost to special NYRR youth fitness events that take place throughout the year at places like Icahn Stadium, The Armory Track and Field Center, and various NYC parks where students participate in fun, friendly running and physical fitness activities and receive recognition for their participation.

CONCLUSION

As the premier non-profit community running organization of our great city, NYRR recognizes that health disparities and inequities stifle growth opportunities within communities. Running and walking is something that almost everyone can do and is an activity that empowers you in your day-to-day life. NYRR is committed to working with and in every community to bring opportunities for physical activity and fitness to every child who wants and needs it.

Initiative funding will help NYRR reach more children and youth who have been unfairly sidelined from the joys and benefits of physical activity while our city works to improve PE offerings and build PE spaces for every New York City public school student to enjoy. I respectfully ask you to reinforce the city's commitment to meaningful PE by considering the funding of NYRR's free, citywide running and fitness programs for children and youth under the FY19 Budget in the amount of \$500,000.

NYRR looks forward to continuing our commitment to New York City's youth, and growing our relationship with the New York City Council. Thank you for allowing me to testify today. I would be happy to answer any questions you might have about the work of New York Road Runners, and I urge you to prioritize the funding of physical education and fitness programs for all New York City students.



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**FISCAL YEAR 2019 PRELIMINARY BUDGET
TUESDAY, MARCH 20, 2018**

Good afternoon Chair Levine. My name is Phylicia and I am a Rising New York Road Runners Youth Ambassador and a proud young runner. Thank you for this opportunity to testify today.

INTRODUCTION

My love for running started back in 2016. I was a 6th grader in MS 577 in Williamsburg Brooklyn. I joined the NYRR Rising New York Road Runners program in my school. I was very shy and suffered from anxiety so I figured running would keep me active, something I enjoyed. I liked having the support of my teammates without the pressure you get from participating in team sports. This program teaches the fundamentals of running. It doesn't matter if you are the fastest or slowest, each child is accepted into the program and everyone is equal.

The program is based on growing a child's ability to stay healthy through running, by teaching exercises, drills, and proper nutrition. This leads to fun races with pretty medals. I had no idea then where this would take me and how I would fall in love with NYRR and running. My mom is disabled and could not take me running on days when our NYRR program didn't have practice. So, while looking on their website, she realized they have an Open Run program which is held in 13 parks throughout the 5 boroughs.

We attended an Open Run in Brooklyn Bridge Park, I sat on a bench nervous to join in. Everyone knew everyone and was having so much fun. The run director approached me and asked if I would like to join in on the run. That day changed my life. I was among teachers, doctors, lawyers, engineers, all people that make a community, together, as a running family, everyone supporting, teaching and guiding one another. This was great, not only did I have a safe running environment with people guiding but they taught me how to believe in myself, be confident and help me be the leader I am now becoming. I now attend three Open Runs in different parks regularly.

Last summer I was chosen as one of NYRR Rising New York Road Runners Youth Ambassadors. In this program the boys and girls that are chosen attend a writing and media class held over the summer. Although, my favorite part of this program was the multiple public speaking courses we were given. They are continuously helping me throughout my life whether athletically, academically, emotionally, or socially. As an ambassador, we are trusted with the responsibility of not only representing the New York Road Runners organization, but we also become young leaders in the running community.



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We are the future not only as athletes, but as the voices of our community. And the best part is this program is completely free.

I am now captain of my school track team. I volunteer at a youth running program teaching younger children about running, and at the Brooklyn Public Library. I am now running on a competing level with the hopes of making the Junior Olympics one day, and I have also received an academic scholarship to Monsignor McClancy High School.

I can't wait for my 14th birthday when I can officially become a volunteer for youth events for NYRR and begin to impact the lives of the younger runners as my life was impacted.

Thank you for allowing me to testify today. I hope you will prioritize funding for physical education and fitness programs for all New York City students and support New York Road Runners' youth programs so more kids like me can continue to participate for free across New York City.



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Testimony of the American Heart Association
Before the New York City Council Committee on Health

March 20, 2018

Robin Vitale, Vice President, Health Strategies
American Heart Association | American Stroke Association
New York City

Good afternoon. Thank you, Chair Levine and members of the Council Committee on Health for the opportunity to discuss several key budget priorities the American Heart Association | American Stroke Association believes would benefit the City of New York. The AHA is the largest, voluntary-led and science-based organization focused on the mission to save lives from heart disease and stroke. We encourage the City to dedicate vital funding for city agencies to help promote access to healthy food for all New Yorkers, prevent tobacco addiction and improve management of high blood pressure.

Every family should have access to the foods that help support a balanced diet and a healthier life. In the Fiscal Year 2019 budget, the American Heart Association asks the City to invest in three key programs that will increase access to healthy food and boost the economy, especially for neighborhoods that need it most.

First, the city should commit an additional \$15 million to help New Yorkers afford fresh fruits and vegetables by expanding SNAP incentives such as Health Bucks. 1 in 5 New Yorkers receive Supplemental Nutrition Assistance Program benefits¹, which reduce food insecurity and help households rise out of poverty. It also benefits the economy; every \$5 in new SNAP benefits generate \$9 for the local economy². Since more food is being purchased through SNAP, it increases the economic activity for both the producers and the systems that deliver the food, including retailers, wholesalers, and transportation. Farmers' markets that offered Health Bucks saw higher daily Electronic

¹ <https://www1.nyc.gov/assets/hra/downloads/pdf/facts/snap/2002.2015NYCSNAPParticipation.pdf>

² <https://www.ers.usda.gov/topics/food-nutrition-assistance/supplemental-nutrition-assistance-program-snap/economic-linkages/>

Benefits Transfer sales than farmers' markets that did not offer the incentive³. Demand and use of Health Bucks has increased over time, and we applaud the city for continuing to innovate in this area. The city should increase funding for SNAP incentives by \$15 million and continue to explore avenues for expanding access not only at farmer's markets but also bodegas and supermarkets, online markets, or other retail venues that allow families to access these resources where they live and shop.

Second, the city should launch a \$10 million Healthy Food Financing Initiative, which will help local grocers to open, expand, and improve grocery stores in neighborhoods that need healthy food and jobs the most. 1.2 million residents of New York City live in lower income communities with limited access to healthy food retail⁴. These same neighborhoods often struggle with high rates of unemployment and diet-related chronic diseases like diabetes and heart disease. While FRESH provides zoning and tax incentives for grocery stores to open or expand in underserved communities, an HFFI leverages both public and private funding to provide low-interest loans and grants specifically tailored for food establishments that may otherwise struggle to secure needed traditional capital. These low-interest loans and grants support the establishment, renovation, and expansion of permanent facilities for the sale of healthy foods in underserved communities, including supermarkets, farmer's markets, mobile markets, and bodegas. Given the success of HFFI in New York State⁵ and in other regions across the country, New York City should invest \$10 million to launch a local program to support healthy food access and strengthen local economies.

Third, the city should increase funding for healthy corner store initiatives to \$3 million as a means to increase the amount of healthy food that is offered in our neighborhoods. Groceries and corners stores are anchors for development in communities; they attract foot traffic and can engage in community development through local programs. Shop Healthy NYC, operated by the Department of Health and Mental Hygiene, is doing important work across the city⁶. And \$3 million would allow the program to expand or be supplemented by community-led initiatives in order to provide grants and free equipment to corner stores as well as support community-led initiatives that will meet the need in neighborhoods across the city.

All three of these programs should use the best available science to set public health-driven goals and involve an evaluation partner identified from the academic research community who is responsible for the collection and annual public reporting of data for evaluation. Healthy food financing and healthy corner store initiatives should be dedicated for projects that will economically benefit low or moderate-income communities that are also identified as most in need of healthy food access.

Another key aspect to the AHA's goal to prevent heart disease and stroke is centered on a well-funded and highly effective tobacco control program. While the City has

³ https://www.cdc.gov/pcd/issues/2013/13_0113.htm

⁴ <http://www1.nyc.gov/assets/foodpolicy/downloads/pdf/2017-Food-Metrics-Report-Corrected.pdf>

⁵ http://thefoodtrust.org/uploads/media_items/hfhc-final-impacts.original.pdf

⁶ <http://www1.nyc.gov/site/foodpolicy/help/shop-healthy.page>

achieved much-heralded success in addressing tobacco addiction, continued inequity in the smoking rates persist among the most vulnerable New Yorkers. Public housing residents have some of the highest smoking rates in the City (20 percent) compared to the citywide average of 13.1 percent⁷. By the end of July 2018, a new U.S. Department of Housing and Urban Development (HUD) rule will require that all the nation's public housing properties be entirely smoke-free⁸. With over 400,000 New Yorkers living in over 2,500 HUD regulated residential buildings in New York City, the new HUD rule will have a significant impact on the lives of New Yorkers. The City should allocate at least \$2 million in FY 2019-20 to the New York City Department of Health and Mental Hygiene and the New York City Housing Authority to fund an aggressive tobacco cessation program focused on New York City's public housing population. The investment will provide for necessary staff and cessation resources that must go above and beyond the current funding level for the Bureau of Tobacco Control.

Lastly, while our focus remains steadfast on the prevention of heart disease and stroke, unfortunately far too many New Yorkers are already struggling with these illnesses. A key concern shared by the American Heart Association and our Department of Health and Mental Hygiene is the silent burden of hypertension on New Yorkers. 1 in 4 city residents has been diagnosed with high blood pressure⁹. This doesn't include the likely majority who have not yet been made aware of their uncontrolled hypertension. As the city undertakes a significant effort to promote awareness, clinical guidelines and treatment adherence, it would be appropriate for the City to devote funding to support this necessary initiative. An investment of \$1 million would help bolster the City's plans with this outreach and provide appropriate incentives for community partners to participate.

The American Heart Association appreciates the City's continued efforts to prioritize health and wellness for all New Yorkers. We believe the proposals outlined above will greatly enhance the work of city agencies supporting this mission. As heart disease and stroke remain the leading cause of preventable death and disability in New York City, we hope the city will prioritize these investments in the Fiscal Year 2019 budget. We look forward to your support.

⁷ <https://www.ncbi.nlm.nih.gov/pubmed/28656541>

⁸ https://www.hud.gov/program_offices/healthy_homes/smokefree

⁹ <https://www1.nyc.gov/site/doh/health/health-topics/heart-disease-blood-pressure.page>

TESTIMONY

New York City Council Fiscal Year 2019 Preliminary Budget

Committee on Health

Committee Chair – Mark Levine

March 20th, 2018



Shaun D. Francois I – President
Donald Nesbit – Executive Vice President
Maria DeLaura – 2nd Vice President
David Keye – Secretary - Treasurer
Local 372 –Board of Education Employees
District Council 372 – AFSCME, AFL-CIO
125 Barclay Street, 6th Floor
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Health Committee Chair Levine, and distinguished members of the committee, it is the honor of Local 372 - NYC Board of Education Employees, District Council 37 - AFSCME to present testimony on behalf of the 279 Substance Abuse Prevention and Intervention Specialists (SAPIS) we represent, under the leadership of President Shaun D. Francois I.

SAPIS provide essential prevention and intervention services for 1.2 million public school students. Their work is an essential component in school programming, and provides many students as well as families a safety net of services which include: leadership classes, clubs dedicated to mental health awareness, peer mediation training, classroom presentations, counseling services (at-risk, crisis, individual, and group) drug and gang intervention, and a host of additional mental health services for a variety of conditions. These counselors help children keep their focus on remaining learning-ready through the use of coordinated and collaborative proven methodologies to cope with the myriad of societal pressures that detract daily from healthy academic, social, and home environments. SAPIS counselors are responsible for monitoring behavior, as well as offering resources and services to support students when they find themselves struggling and/or struggling to improve.

In 2006, there were 502 SAPIS working throughout the five boroughs. Today, there are less than 300 SAPIS spread across 1,800 schools – a distribution of more than 6,000 students per SAPIS counselor. There are simply not enough SAPIS to address the needs of all of these children and their families. In reality, each SAPIS provides direct classroom lessons and counseling services to an average of 500 students each, with services available in only 325 out of over 1,800 schools.

The loss of more than 200 SAPIS counselors since 2006, has been devastating. The pivotal work that SAPIS perform in our schools is supported by data that indicates a correlative link between the laying off of the SAPIS and a steep rise of drug use and violence occurring in schools. This robs students of the opportunity to a quality competitive education, and ultimately, their futures. The adverse consequences from bullying, gang-affiliation, drug use, drinking, and peer pressure strain relationships, not only in the schools, but across a societal planes. Achieving a sufficient number of SAPIS counselors in the public schools system decreases the negative health, social, and educational consequences that influence behavior in and outside the classroom.

Today's youth are more vulnerable than ever before due to the growing drug abuse epidemic. The Center for Disease Control (CDC) reported that heroin use has more than doubled among young adults ages 18-25, over the past decade. According to a 2013, Youth Risk Behavior Survey from the NYC Department of Health and Mental Hygiene, 8.0% of NYC public high school students in grades 9-12 reported lifetime use of an illicit drug (cocaine, heroin, ecstasy, or methamphetamine). Students are not only using drugs and consuming alcohol, but we are witnessing a rise of prescription drug use amongst high school children, especially in Manhattan and Staten Island. Youth who live in Staten Island reporting at the highest proportion (12.8%), followed by youth who live in Manhattan (11.0%). A core mission of SAPIS is to reduce the prevalence of substance abuse among youth, delay the initiation of substance abuse behavior among youth, decrease the negative health, social, and

educational consequences associated with substance abuse and prevent the escalation of substance abuse behaviors to levels requiring treatment.

Local 372 SAPIS employees seek to bring resources and solution driven methodologies to all NYC schools students, in all 32 school districts from K-12, including special education. SAPIS staff are also trained to implement the most effective evidence based programs available. In addition, SAPIS are used to support schools during crisis and are trained and deployed to respond to serious events that affect school communities, such as death of a student or staff member. A specific example of this would be: of the 139 high level crisis situations from September 2014 – March 2015, SAPIS were deployed to assist in 76 of the incidents.

Our message is a simple one: the more support and resources we can offer to our at-risk youth, the more productive they will be in their future. That is why we have set a goal to reach one SAPIS in every school. We also support efforts in the state legislature to help meet this goal, such as legislation sponsored by Assemblyman Michael Miller and Senator James Sanders, Jr., as well as the \$2 million in funding support for SAPIS proposed in the Assembly's one-house budget.

It costs approximately \$71,723 (\$50,100 salary plus \$21,623 fringe) to hire a single SAPIS. After two years of service, the cost per SAPIS is \$82,483 (\$57,616 salary plus \$24,867 fringe). In each of the previous three fiscal years, Mayor de Blasio's office added \$2 million to the city budget towards the goal of fund one SAPIS in every Renewal School. The \$2 million in additional funding was used to add a net 25 new SAPIS counselors who assist in reaching an additional 12,500 at-risk students and their families who would otherwise not have the support they need. If this funding stream is not renewed, it will result in the net loss of these positions and the progress we have made. Today we ask for your continued commitment to our students by providing a total of \$4 million in next year's budget for SAPIS: a renewal of the original \$2 million add, to maintain the current staffing levels, and an additional increase of another \$2 million, to hire an additional 25 counselors to reach thousands more children in need.

We recognize there are not enough resources to address every issue and service required throughout the city, and that tough decisions must be made over how to allocate limited funds. Last year, the Mayor proposed spending upwards of \$38 million a year in response to the growing scourge of drug addiction and overdose ravaging our communities; we ask you consider that SAPIS counselors' role is to work with our youth to prevent them from succumbing to these devastating pressures in the first place. Investing in SAPIS counselors today will save taxpayer money by preventing drug use in our youth now, thus reducing addictions and overdoses in the long run.

More importantly, every one of our youth – each a unique individual with his or her own hopes, dreams, and aspirations – who might succumb to bullying, peer pressure, drinking and drugs, or gang affiliation absent the support of a SAPIS counselor, but with SAPIS support can instead strive forward to chase those aspirations, is priceless. We at Local 372 thank you for the opportunity to provide this testimony.

Testimony of Andrea Bowen before the Committee on Health
Transgender and Gender Non-Conforming (TGNC) funding needs in FY19
March 20, 2018

Good afternoon, Chair Levine. My name is Andrea Bowen, and I'm a consultant working on behalf of what is informally known as the Transgender and Gender Nonconforming (TGNC) Solutions Coalition, which includes the Anti-Violence Project, the Audre Lorde Project, GMHC, the LGBT Community Center, Make the Road New York, Sylvia Rivera Law Project, and the TransLatina Network. These organizations are working in concert to advocate for a series of policy and budget items that, if funded, will improve the lives of the transgender and gender-nonconforming (TGNC) community.

Starting in 2015, these organizations, alongside TGNC community members across the City, organized forums for TGNC people in each of the five boroughs of New York City, following encouragement from New York City Council Speaker Melissa Mark-Viverito, and the Lesbian, Gay, Bisexual, and Transgender (LGBT) Caucus of the New York City Council. Five forums were held over the course of a year and a half with 591 participants. While the City government has done much to support TGNC people, greater work and community consultation is needed to identify remaining problems and potential solutions.

Last November, the aforementioned organizations released *Solutions Out of Struggle and Survival*, a brief on policy and budget items drawn from the recommendations of the community forums, bringing attention to TGNC community needs in the areas of education, employment, healthcare, housing, immigration, and policing and violence.

From the many recommendations outlined in *Solutions Out of Struggle and Survival*, we recommend that several receive funding in the FY19 budget of the City of New York. We have presented versions of these proposals to staff in City agencies, but we seek City Council support to put these items in the budget if the Mayor does not. If Council adds this funding, we ask that Council provide this money to agencies in the Adopted Budget, and the agencies will engage in procurement. Regardless of who funds these programs, we want TGNC community members assisting in crafting and reviewing procurements. I will include at the end of this written testimony our complete collection of budget asks, but I will focus on our asks relating to the Committee on Health purview in this testimony.

TGNC Healthcare Liaison Program

Proposed Agencies: HHC and DOHMH

Proposed Cost: \$820,000

TGNC people are increasingly receiving attention, in terms of specific care and culturally competent care, from the health care industry. However, as community members have made clear in community forums, it is still a struggle for TGNC people to understand how to make connections between health insurance and care providers, arrange appropriate aftercare, and more. Care for TGNC people is more than just providing TGNC-specific care: it means helping the underresourced community find their way around complex healthcare systems.

The struggle for TGNC New Yorkers in accessing quality, affirming, and affordable healthcare is also borne out by statistics. In a 2015 health and human services survey, 15.8% of TGNC NYC respondents reported fair

or poor health compared with 9.6% of cisgender LGB respondents, and 25% of TGNC NYC respondents reported probable depression compared to 15.7% of cisgender LGB respondents. While insurance carriers are required to cover transition-related care in New York State, TGNC people can still experience unjust denials, restrictions, and discrimination when seeking care. In other words, TGNC people are still having trouble attaining full coverage for transition-related care.

We have proposed that HHC and DOHMH work together on a project at a cost of \$820,000 to fund seven staff at city hospitals that can act as case managers and advocates for TGNC patients, to help enforce peoples' rights within the health care system, and make sure every part of their care team is in communication to make the best possible health care outcomes. The TGNC Healthcare Liaisons should also work on issues that are not TGNC-specific, e.g., diabetes, pulmonary care, etc. This funding should also include an extra \$50,000 for advertising the service to the community.

Funding for this program should be baselined so training can expand and staff can be retained through at least four years.

We appreciate your attention to this issue. If you would like to discuss it further, you can contact me at andy@bowenpublicaffairs.com or 917-765-3014.



**Expanded-upon policy and budget solutions for transgender and gender non-conforming (TGNC) New Yorkers
March 16, 2018**

After our brief on policy and budget solutions for TGNC New Yorkers, *Solutions Out of Struggle and Survival* (available at avp.org/solutions), we—a coalition composed of the Anti-Violence Project, the Audre Lorde Project, GMHC, the LGBT Community Center, Make the Road New York, Sylvia Rivera Law Project, and the TransLatina Network—have focused on 6 proposals that we want to focus on funding in the FY19 budget of the City of New York. We have presented versions of these proposals to staff in City agencies, but we seek City Council support to put these items in the budget. If Council adds this funding, we ask that Council provide this money to agencies in the Adopted Budget, and the agencies will engage in procurement. Furthermore, we want TGNC community members assisting in crafting and reviewing procurements. **All proposed programs should reach undocumented people, those who have experience with police, jails, and incarceration, and other especially vulnerable TGNC people.**

TGNC Employment Program **Proposed Agencies: DYCD and HRA** **Proposed Cost: \$6.46m**
Funding for a program that can work with TGNC youth and adults in separate cohorts, and prepare them for careers. Staff will connect program participants to employment programs or job openings. Staff will also provide orientation on soft skills needed in the employment field, orientation on issues that are specific to TGNC people when in jobs, and cultivation of employers and other employment programs that are safe and affirming referrals for TGNC people seeking employment. Staff will have to act as advocates for TGNC people in navigating jobs, ensuring nondiscrimination, and creating safe work environments. Funding includes \$1.83m for staffing (which can be broken into a staff for the youth program and a staff for the adult program), \$4.4m for subsidized wages (including stipends where necessary), \$183,000 for evaluation, and \$50,000 for advertising. There must be a TGNC community consultation process to review responses to RFPs for this program, and preference should be given in awards to smaller organizations that can demonstrate a long-standing connection to the community.

TGNC Rental Assistance Program Pilot **Proposed Agency: HRA** **Proposed Cost: \$4.1m**
A pilot to provide a special rental assistance program for TGNC people, given the community's disproportionately high homeless rates. This would pay for 200 TGNC people to use a special category of rental assistance focused on TGNC people, and it would also pay for 20 case managers to help participants find housing, deal with any potential discrimination issues that may arise with landlords, and assist with other wraparound needs. Outyear costs may be modified in line with demand for the program.

TGNC Immigration Lawyer Training **Proposed Agency: MOIA** **Proposed Cost: \$100,000**
Funding for a pilot number of 5 non-profits (with grants of approximately \$20,000 each) to conduct training, geared for immigration attorneys, that educates about TGNC people and the means of attaining specialized visas (e.g., U Visas, which are for survivors of crimes that inflicted physical or mental abuse) that are most useful in helping undocumented TGNC people maintain safe residence in the US.

TGNC Immigration Lawyer Staffing **Proposed Agencies: MOIA and HRA** **Proposed Cost: \$715,000**
Funding for 5 non-profits (each receiving \$143,000 to cover wage, fringe, and overhead costs of hiring one attorney) to hire lawyers that are knowledgeable of both the visas that TGNC undocumented people need, and TGNC community needs. Grants should be made to cover the cost of a staff member.

TGNC Healthcare Liaison Program **Proposed Agencies: HHC and DOHMH** **Proposed Cost: \$820,000**
Funding for staff at city hospitals that can act as case managers and advocates for TGNC patients, to help enforce peoples' rights within the health care system and make sure every part of their care team is in communication to make the best possible health care outcomes. The TGNC Healthcare Liaisons should also work on issues that are not TGNC-specific, e.g., diabetes, pulmonary care, etc. This should also include an extra \$50,000 for advertising the service to the community.

Training/Evaluation on NYPD/TGNC Community Issues **Proposed Agency: CCRB** **Proposed Cost: \$50,000**
TGNC organizations should once again take part in the training process of NYPD officers, and make changes to NYPD training as soon as possible. Furthermore, funding should be provided for an evaluation of this new training with TGNC-led organizations taking a major role in the evaluation process (\$25,000), and \$25,000 should be provided to community organizations to inform the TGNC community about *their* rights in interactions with police.



**New York City Council
Committee on Health, Chair, Council Member Levine
March 20, 2018
Preliminary Budget and Oversight Hearing**

LiveOn NY thanks Committee on Health Chair Levine and the rest of the committee for the opportunity to testify on the ways the city can make New York a better place to age. LiveOn NY also thanks Mayor de Blasio, Speaker Johnson and the entire City Council for their consideration of seniors' needs as the FY19 budget process moves forward.

With a base of more than 100 community-based organizations that serve over 300,000 older New Yorkers annually, LiveOn NY's members provide core services that allow older adults to thrive in their communities, including senior centers, congregate and home-delivered meals, affordable senior housing, elder abuse prevention services, caregiver supports, transportation, NORCs and case management.

LiveOn NY also proudly administers the Senior Medicare Patrol (SMP) program for the entire state. Funded by the U.S. Administration for Community Living, this program is aimed at preventing costly Medicare fraud. SMP is modeled around recruiting and engaging senior volunteers to promote peer counseling, education, and assistance, allowing volunteers to both get involved and give back to their communities. SMPs are able to empower beneficiaries to reduce healthcare costs caused by errors, abuse, and fraud. This effort is integral to the success of our healthcare system as it is estimated that fraud and errors make up roughly 10% of Medicare spending.

LiveOn NY also administers a citywide outreach program that targets older adults in the communities where benefits are most underutilized. This program educates thousands of older adults, including those who are homebound, about food assistance options, and screen and enroll those who are eligible for SNAP, SCRIE and other benefits. LiveOn NY also staffs a call hotline (212) 398-5045, staffed by a professional client services team that assists older adults and caregivers with benefits screenings and applications, serving approximately 1,000 clients per quarter.

When looking at the healthcare system in New York, it is important to ensure that one's view takes on the full landscape of health-impacting services and providers. For older adults, while services such as senior centers, home-delivered meals or affordable senior housing with services are non-medical by definition, their impact has a uniquely positive effect on the overall health of a senior and a reduction in costs that would otherwise be imposed to our healthcare system. The work of community based service providers has significant health impacts from lowering rates of depression, to preventing isolation, to even reducing hospitalization rates for older adults, and more. For example, given that studies now show that loneliness surpasses obesity as an early predictor of morbidity, the ability for senior centers to provide socialization opportunities is key to combatting this risk-factor. ***In effect, the services funded by the Department for the Aging (DFTA) are a network of cost-effective programs in every community that work to holistically improve a senior's quality of life and their overall health.***

A great example of the value of community based services can be found in the recently released study by LiveOn NY's member Selfhelp Community Services. Selfhelp released a study of the residents in their independent senior affordable housing with services program. The study compared Medicaid data for residents in SelfHelp housing in two zip codes and compared it to other seniors living in the same zip codes over two years. The crucial research found that the seniors access to a service coordinator led to:



Making New York a better place to age

- 68% lower odds of being hospitalized
- \$1,778 average Medicaid payment per person, per hospitalization for Selfhelp residents, versus \$5,715 for the comparison group
- 53% lower odds of visiting an emergency room compared to a non-Selfhelp resident

Beyond the aforementioned health outcomes, community-based services, from senior centers to transportation services, from housing with services to elder abuse prevention programs enable seniors to tap into the unquestionable momentum that is accumulated in later life. After years of working to build families, careers, and communities, older New Yorkers use this momentum to even further power up the economy, the political system, and their communities. City Council has seen this momentum year after year when over 300 seniors come to City Hall for LiveOn NY's Aging Advocacy Day to meet with their Council Members and hold a Press Conference to talk about the importance of funding aging services. Mark your calendar – they will be here on May 9! The positive externalities associated with older adults remaining in the communities they have helped to build are both numerous and powerful, and warrant government's unequivocal support.

For these reasons LiveOn NY advocates for increased funding for the network of DFTA services to ensure that the community-based aging network can continue to serve New York City's growing senior population. We ask that City Council prioritize support for funding a truly model senior center budget, as well as a fully-funded system of senior services in all agencies in its March Response to the Mayor's Financial Plan. We are confident that these investments in DFTA will have a strong return on investment in terms of healthcare savings and community improvements.

In addition to building a system of aging services through funding, given their intrinsic health benefits, the community-based service sector must be seen as a viable partner and compliment to the overall healthcare system in New York. It is imperative that community-based organizations are able to expand their data collection and analytics capacity in order to fully and appropriately integrate with the healthcare system. While the community-based service providers have decades of experience in improving outcomes for their senior participants, articulating this fact has been near impossible due to funding and data limitations. It is LiveOn NY's desire to work in collaboration with DFTA, the state, and all interested parties to improve data coordination and collection capabilities to continue to improve the quality of life of seniors throughout the city, and to demonstrate through data these crucial improvements in a senior's overall well-being.

Finally, in addition to the points mentioned above, LiveOn NY also joins a coalition of human service sector agencies to strongly support the following agency-wide investments in FY19 for the human service sector:

- Going forward, include trend factor/cost escalation formula for the duration of the contract
- Develop a framework to increase all HHS contracts and all new procurements up to the following minimums:
 - 15% indirect cost rate
 - 37% fringe rate
 - 10% increase to occupancy cost
 - 15% increase to health insurance
 - 10% increase to casualty and liability insurance



Making New York a better place to age

LiveOn NY looks forward to working with City Council, the Department for the Aging, all city agencies and the Administration to make New York a better place to age through a strong network of community based services.

LiveOn NY's members provide the core, community-based services that allow older adults to thrive in their communities. With a base of more than 100 community-based organizations serving at least 300,000 older New Yorkers annually. Our members provide services ranging from senior centers, congregate and home-delivered meals, affordable senior housing with services, elder abuse prevention services, caregiver supports, case management, transportation, and NORCs. LiveOn NY advocates for increased funding for these vital services to improve both the solvency of the system and the overall capacity of community-based service providers.

LiveOn NY administers a citywide outreach program that supports seniors in communities where benefits are most underutilized. This program educates thousands of older adults, including those who are homebound, about food assistance options, as well as screens and enrolls those who are eligible for SNAP and SCRIE/DRIE.

LiveOn NY is also proud to administer the Senior Medicare Patrol (SMP) program for the entire state, which works to prevent Medicare fraud and its associated healthcare expenses. SMP is modeled around recruiting and actively engaging senior volunteers to promote peer counseling, education and assistance on how to protect, detect, and report Medicare fraud. SMPs empower beneficiaries to reduce healthcare costs caused by errors, abuse, and fraud.



March 20, 2018

**Commission on the Public's Health System Testimony for The Health Committee
Preliminary Budget Hearing FY 19**

Good afternoon, my name is Anthony Feliciano, Director for Commission on the Public's Health System (CPHS). We like to congratulate Councilmember Mark Levine on his appointment of Chair to the Health Committee. We also welcome back councilmembers from last year and those who are new to the Committee.

CPHS has work on efforts through the People's Budget Coalition for Public Health, The Save Our Safety-net Campaign, and other coalition we help form, led or participate in, to advocate for the direct involvement of those who are directly impact by policy decisions. Here are some high priority budget issues we like to address

Protecting The True Safety-Net

The public hospitals are paramount to New Yorkers, especially low-income, immigrant, communities of color and other underserved communities. We understand that NYC H+H is striving to transform their care delivery systems and comply with the various health care reforms against a backdrop of unprecedented financial challenges. NYC H+H provides a disproportionate share of the care provided to people who are uninsured and on Medicaid. NYC H+H hospitals provide care to people of color at much higher rates than nearby private facilities (Bellevue and NYU Langone, for example, are located adjacent to each other in lower Manhattan – Bellevue's patient population is 82% non-white, while NYU Langone's is 35%).

Local government and community advocates need to work together to change the narrative of New York City's tale of two health care systems, in which the wealthy and those with better insurance coverage receive VIP care and others face obstacles to timely care and lesser quality services. New York State has a federally funded Indigent Care Pool (ICP) that is set up in 1996 "with the explicit goal to redistribute dollars to hospitals 'according to

their level of need due to providing charity care.” An analysis of ICP pool spending for private hospitals in 2016, shows that, in the vast majority of cases, how much a hospital received had nothing to do with how much care it provided -- to the poor or anyone else. (Funding Charity Care in New York: An Examination of Indigent Care Pool Allocations Roosa Tikkanen. March 2017 New York State Health Foundation).

We feel strongly that the NYC Council has the opportunity to do the following:

1. **Continue ensuring the Public Hospitals** and their ambulatory (Child Health Clinics and D&TCs), primary care, and other critical clinical and social safety-net services **are better resourced by the state and received financial support through the subsidies the city provides.**
2. **The affected communities, patients, health care workers that will be affected by any restructuring efforts must have a direct role in formulating any proposed changes in NYC H+H structure or services.** The decision making process for any changes to the NY H+H system must be conducted with real and meaningful public input before any changes are decided upon or implemented.
3. **Assurances for all New Yorkers, especially low-income, immigrant and communities of color that there will be no public health facilities closures or reductions in vital community health services.**
4. **Make it a priority to create a more comprehensive uninsured care program that builds off ActionHealth NYC.** ActionHealth NYC and the Mayor's Taskforce on Immigrant Health Care Access recommended a direct access program for uninsured immigrants and nothing has come of it since and the ActionHealth NYC pilot was canceled. A real, funded uninsured care program would have a big impact on H+H so should be again on the City Council's and this Committee's radar.
5. **Push for fair distribution of state and federal funding.** Pressure must be mounted now on Governor Cuomo to sign the Enhanced Safety Net Hospital legislation (A7763 (Gottfried) and S5661B (Little) passed by the legislature in 2016 and 2017 to increase reimbursement levels for public hospitals and private safety net providers.
6. **Demand from the state that the entire proceeds of any conversions of the public assets of Fidelis insurance be used for health care purposes.** We particularly ask the City Council to join us in urging that at least \$500 million be specifically be

dedicated to supporting rural and urban safety net hospitals and other providers that are already operating under extremely precarious financial conditions.

We have a city Health Department Health Commissioner that acknowledges and publically does not shy away from the issues of racism that are deeply and structurally rooted in our health care system. But we continue to have hospitals that cherry-pick their patients. **We would request that the city council create some plan on how to utilize the powers of the City's Human Right Commission to conduct investigations of health care facilities that are discriminating against low-income, immigrant, communities of color, and other marginalized groups.** It would be similar to what the Commission is already focusing on housing discrimination and public accommodations/access in health care facilities and other institution.

Ensure Marginalized Communities Can Access Health Care and Know Their Rights

- **Increase Access Health NYC to 2.5 million.**

This initiative is highly critical because it addresses health Care access as a right to contact, enter, and exit, and communicate with, or utilize health services programs.

The initiatives tagline Community is key is the essential ingredient in funding various

community –based organizations positive collective impact around coverage, navigating services, and understanding essential rights to care regardless of immigration status and insurance status. This initiative continues to:

- Fill the gaps left from the ACA and resource gaps for the NYS-funded navigators.
- Address The federal climate and attack on immigrants and other marginalized communities,
- Critically get to people and hard to reach communities and connect people to navigators and facilitators of care.



Funding will support the lead agencies (**Coalition for Asian American Children and Families, Commission on the Public's Health System, Community Service Society, Federation of Protestant Welfare Agencies. New York Immigration Coalition**) to fund, train,

monitor/evaluate, and provide technical assistance to local CBO's as well as support a consumer helpline and expanding topics on the Access Health NYC Guide developed by CPHS.

Critical Programs Addressing Health Disparities for Women and Infants

The infant Mortality Reduction Initiative (IMRI) was baseline in the city budget. However, since its roll-out, current and new contracts continued to be delayed including the funds that were part of last fiscal year's contracted services to community based organizations in the IMRI. There needs to be some upfront funds for these CBO's as part of commitment to ensure the IMRI continues to make a major impact on low-income women and families lives, especially immigrants and communities of color.

Healthy Women, Health Futures Program scales up efforts in addressing the dramatic and persistent health disparities in maternal and infant health. We like the funding to increase by 1.5 million. In 2002, the city launched the IMRI to addressing these disparities in infant health outcomes, and with significant efforts, the infant mortality rate has continued to drop. The Healthy Women, and Healthy Future program focuses on expanding access to birth and postpartum doula.

It is great that over 30 low-income women from the communities suffering the greatest disparities have been trained by Brooklyn Perinatal Network and other maternal and child health advocates, to go out in the communities to educate and provide information on accessing conception care. We want to ensure pre and inter conception becomes part of the efforts and support continues to expand on training of doulas with the lens of ensuring cultural competency.

Addressing Decisions on Health Care Resources and Delivery of Care

We applaud the city council on finally passing the Asthma-Free Homes Legislation carried by former Councilwoman Rosie Mendez. The legislation takes a place matters approach and addresses a major social determinant of health issue of hazards that can trigger asthma in residential dwellings.

CPHS would request another area of need is dental care. **The City Council should explore the creation of a taskforce to expand dental care.** Despite high rates of coverage, many New

Yorkers lack adequate access to oral health services. Nearly one quarter of NYC children did not have a preventive dentist visit within the past year. Nearly a third of all adults did not see a dentist in the past year. These stats on service gap maybe from 2012, but I would imagine has grown more when viewed through the lens of racial and ethnic health disparities. Proper oral health services are deeply needed as a means for detecting greater threats to the whole body health.

The City of New York must take a more assertive role in setting local health care priorities, based on comprehensive local needs assessments, and demanding that all providers work cooperatively to meet the health care needs of the People of the City of New York.

The City should establish local health planning bodies to systematically analyze health needs, set City-Wide health care priorities and coordinate efforts by public and private providers to address and meet these needs at a holistic or systemic level.

In carrying out these functions, the local health planning bodies should include not only elected or appointed representatives of government bodies and agencies, but should also allow wide democratic input by local communities, patient and community advocates, front line health care workers and other service providers.

Thank you and we look forward to working with all of you on improving the wellbeing of all New Yorkers.



CPHS Director

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RIGHTS & OPTIONS FOR THE UNINSURED

WHAT SHOULD YOU KNOW?

NEW YORKERS WITHOUT DOCUMENTS ARE NOT ELIGIBLE FOR MOST HEALTH INSURANCE BUT THE FOLLOWING OPTIONS ARE AVAILABLE NO MATTER YOUR IMMIGRATION STATUS:

- In cases of emergency, Emergency Medicaid covers emergency care for low-income New Yorkers who are not eligible for Medicaid because of their immigration status.
- Undocumented pregnant women are also eligible for comprehensive coverage & care through Medicaid for Pregnant Women & Adolescents (formerly PCAP) & the Family Planning Extension Program (FPEP).
- Children under age 19 can get Child Health Plus regardless of immigration status & even if he or she cannot get Medicaid.
- Persons living with HIV/AIDS can access the AIDS Drug Assistance Program (ADAP).
- FREE Breast, Cervical & Colorectal Cancer screening for eligible New Yorkers without insurance or with insurance that does not cover these services. Please call 1-866-442-CANCER (1-866-442-2262) or visit: www.health.ny.gov/diseases/cancer/services.
- For non-emergency care, New Yorkers who have no documents can use HHC Options, a plan from Health & Hospitals (the public hospital system) that sets affordable payments based on your income. Please note this is not insurance.



PROVIDERS CAN'T TURN YOU AWAY

PUBLIC HOSPITALS & COMMUNITY HEALTH CENTERS ARE REQUIRED TO PROVIDE SERVICES EVEN IF THE PERSON CANNOT PAY THE FULL COST OF CARE.

PUBLIC HOSPITALS (Health + Hospitals)
To find a public hospital near you,
CALL 311 or
www.nychealthandhospitals.org/contact



COMMUNITY HEALTH CENTERS
To find a community health center near you,
CALL 212.279.9686 or
www.chcanys.org

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WHAT TO DO IF I HAVE A MEDICAL EMERGENCY

WHAT SHOULD YOU KNOW?

YOU HAVE THE RIGHT TO CALL 911 FOR AN AMBULANCE & BE TAKEN TO THE HOSPITAL FOR EMERGENCY MEDICAL CARE, EVEN IF YOU DO NOT HAVE INSURANCE OR DOCUMENTS.

- EMS workers do not have the right to ask your immigration status nor can they report your immigration status to any government authorities without your permission.



- There is a city law that directs city employees to protect confidential information, including immigration status, regarding people seeking city services, including services provided by our city's public hospital system (Health + Hospitals).



WHERE WILL THE AMBULANCE TAKE YOU?

The ambulance must take you to the nearest hospital that is capable of providing care.



CAN YOU ASK TO BE TAKEN TO A PARTICULAR HOSPITAL?

YES! EMS has a "Ten Minute Rule." You can ask to be taken to a hospital if it is not more than ten minutes past where you would have been taken to.



CALL COMMUNITY HEALTH ADVOCATES AT 888.614.5400

For help answering questions about emergency medical care & troubleshooting potential problems with medical bills arising from ER care.

CAN AN EMERGENCY ROOM REFUSE TO TREAT ME IF I AM UNINSURED?

No, federal & state laws protect all patients who need emergency care.



- Emergency Medical Treatment & Active Labor Act (EMTALA) protects your right to be treated & stabilized when you need emergency medical attention.

- Emergency Medical Services Reform Act (EMSRA) is a New York State law that prevents hospitals from inappropriately dumping or transferring patients.

THE HOSPITAL:

- must provide you with the same screening & treatment that it would for anyone with the same symptoms.
- cannot transfer you to another hospital. You have to be stabilized-meaning lessen the possibility of your conditions worsening.

YOU HAVE THE RIGHT TO REFUSE TREATMENT but only after the hospital has informed you of the risks & benefits of the treatment & examination

WE CAN ALSO HELP YOU

YOUR RIGHTS TO HEALTH CARE ACCESS IN YOUR LANGUAGE

WHAT SHOULD YOU KNOW?

ALL NEW YORKERS HAVE A RIGHT TO COMMUNICATE IN THEIR OWN LANGUAGE.

SINCE 2006, NEW YORK STATE AFFIRMS YOUR RIGHT:

- If you do not speak English, or if you better understand another language, you have the right to get free help from an interpreter when you visit the hospital, community health centers, clinics, & Medicaid or other public benefits offices.
- People with problems with their vision, hearing or speech have the right to free interpretation & translation services.
- You should be provided an interpreter in 20 minutes or less in the hospital, & in 10 minutes or less in the Emergency Room.
- Hospitals are **not allowed** to use a patient's family, friends, or people who do not work for the hospital for interpretation, unless the patient wants their help.
- You have the right to say no to the use of an interpreter from the hospital, but a person acting as an interpreter must be at least 16 years of age.



WHAT SHOULD YOU LOOK OUT FOR & ASK?

- Make sure the provider puts in your medical chart your preferred language & language needs.
- Make sure documents given to you are translated into your language.
- Information must be given to you about free language assistance.



WHAT CAN YOU DO, IF YOU HAVE A PROBLEM?

Ask to speak to a hospital administrator. If that does not work, you should make a complaint.

FOR HELP WITH THE COMPLAINT CALL:

COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

646-690-9089

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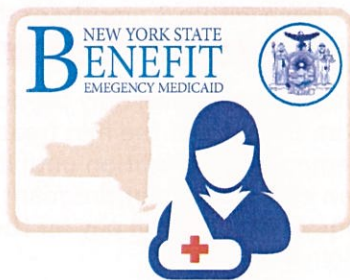
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www.cphsnyc.org

EMERGENCY MEDICAID

IMMIGRANTS WITHOUT DOCUMENTS CAN RECEIVE "EMERGENCY MEDICAID" FOR THE TREATMENT OF AN EMERGENCY MEDICAL CONDITION.*

*But usually NOT eligible for full coverage or ongoing insurance coverage through Medicaid.

YOUR IMMIGRATION STATUS WILL NOT BE AFFECTED IF YOU APPLY



HOW DO I KNOW I CAN GET EMERGENCY MEDICAID?

TO GET EMERGENCY MEDICAID, YOU MUST:

- Meet the income requirements
- Be a NYS Resident

NOT ALL SERIOUS INJURIES OR ILLNESSES ARE CONSIDERED EMERGENCY MEDICAL CONDITIONS UNDER THE LAW!



EXAMPLES THAT EMERGENCY MEDICAID MAY COVER UNDER THE LAW:

- ASTHMA ATTACKS
- CANCER
- STROKE
- COMA
- HEAD INJURY
- SEIZURES
- SEVERE INFECTIONS
- HEART, LIVER OR RENAL FAILURE
- LABOR & DELIVERY THAT POSE A THREAT TO MOTHER & UNBORN CHILD



EXAMPLES THAT EMERGENCY MEDICAID MAY NOT COVER UNDER THE LAW:

- TRANSPLANT-RELATED SERVICES (I.E ORGANS)
- CERTAIN MEDICATIONS REGARDLESS OF WHERE THE PRESCRIPTION IS OBTAINED (I.E. EMERGENCY ROOM)

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EMERGENCY MEDICAID



GO TO AN EMERGENCY ROOM OR CLINIC FOR AN INJURY OR ILLNESS!

A DOCTOR MUST DETERMINE IF YOUR ILLNESS OR INJURY WAS AN EMERGENCY MEDICAL CONDITION.

An individual has an "emergency medical condition" when there are severe symptoms, like bad pain, or if your health, organs, or body parts would be seriously harmed without immediate medical attention.

SIGN UP AS SOON AS POSSIBLE BECAUSE:

- You ONLY have within 3 months of the emergency treatment to cover the cost
- Emergency Medicaid will only pay for costs from the time of the first treatment for the emergency condition until it is no longer an emergency. For pregnant women, Emergency Medicaid will pay for the cost of the delivery.

WHAT ELSE SHOULD I KNOW?

Applicant must complete Emergency Medicaid application to prove financial eligibility every year



There is a different application for people 65 or older, or have a disability



FOR HELP WITH YOUR EMERGENCY MEDICAID APPLICATION CONTACT:

- Hospital staff or social services that process Medicaid applications.
- IF YOU ARE UNINSURED see a Certified Application Counselor or Navigator who can confirm that you don't qualify for insurance & then pre-certify you for Emergency Medicaid.
Call 311 OR TEXT GetCoveredNYC (orSeguroNYC) at 877877 to find the nearest community based navigator.

YOU HAVE A RIGHT TO BE TREATED & STABILIZED WHEN YOU NEED EMERGENCY MEDICAL ATTENTION!, REGARDLESS OF YOUR ABILITY TO PAY!

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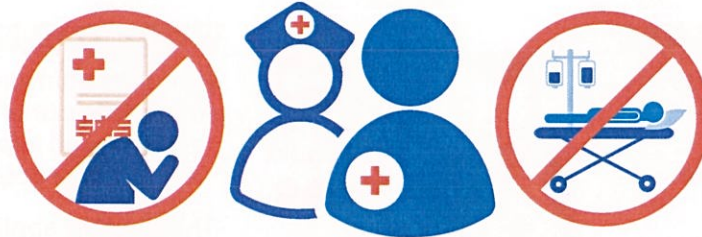
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PROTECTIONS & OPTIONS FOR PAYING HOSPITAL BILLS

ALL NEW YORKERS HAVE THE RIGHT TO EMERGENCY & NON-EMERGENCY MEDICAL TREATMENT.



All hospitals in New York State must make financial assistance available to people with no health insurance or under-insured regardless of their immigration status (also known as a Charity Care Policy).

All hospitals must offer care at a reduced rate to individuals & families who qualify for financial assistance. This is called a "sliding fee scale".

For non-emergency care, New Yorkers who have no documents can use HHC Options, a plan from Health & Hospitals (the public hospital system) that sets affordable payments based on your income. Please note this is not insurance.

- The program cannot be used outside of NYC Health + Hospitals.



YOU WILL GET A BILL BUT IT CAN BE REDUCED ACCORDING TO THE HOSPITAL CHARITY CARE POLICY

MORE PROTECTIONS IF THE HOSPITAL GOES AFTER YOU FOR PAYMENT

- If you were eligible for Medicaid at the time that services were provided, you should not owe anything.
- A collections agency hired by the hospital should follow the hospital's charity care policy & provide information on how to apply for financial assistance.
- You must be notified at least 30 days before going to a collection agency. Don't be afraid to call the hospital or collections agency if you get a letter & ask for financial assistance.
- The hospital or collections agency may NOT force the sale or foreclosure of your primary residence to collect payment.



CONTINUED ON THE NEXT PAGE

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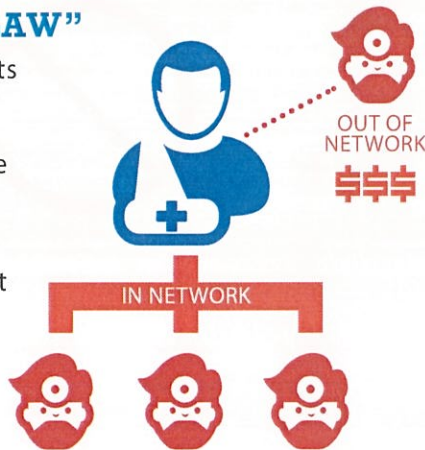
PROTECTIONS & OPTIONS FOR PAYING HOSPITAL BILLS

CONTINUED FROM PREVIOUS PAGE

“THE SURPRISE LAW”

Is a state law that protects you from bills for out-of-network services & treatment- including some emergency services.

You had to be unaware that the provider was out of network or referred to an out of network provider without your knowledge or consent.



WHAT YOU NEED TO KNOW

- If you are uninsured, you may be able to dispute out of network “surprise” bills through a formal dispute resolution process.
- The law only applies to bills for dates of services after March 31, 2015.

IF YOU THINK YOU MAY HAVE RECEIVED A SURPRISE BILL, YOU CAN GET HELP FROM COMMUNITY HEALTH ADVOCATES HOTLINE

888.614.5400

WHAT SHOULD YOU KNOW & LOOK OUT FOR?



If you are low-income & uninsured & you are receiving inpatient care, the hospital is required to talk to you about applying for Medicaid. If the hospital does not ask you, or help you apply for Medicaid, you may not have to pay the bill.



To apply for public health insurance, or to be placed on a feou will need to complete the necessary application form at the hospital you are planning to get health care services from.



The hospital must let you know about their sliding fee scale during intake, Information must also be written on your bill if you get one.



You can ask for the hospital’s sliding fee scale policy & a copy of the charity care policy & form. Each hospital’s charity care policy is different.



Sliding fee scale policy notices must be posted around the hospital.



The hospital cannot delay screening a patient in an emergency room to ask about your ability to pay for the service.



Private doctor offices do NOT have to have sliding fee scale policies.

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**Testimony on NYC FY 2019 Budget
Committee on Health**

Max W. Hadler, MPH, MA

March 20, 2018

Good Afternoon. My name is Max Hadler and I am the Senior Health Policy Manager at the New York Immigration Coalition (NYIC). Thank you to Health Committee Chair Mark Levine for calling this hearing and for the opportunity to testify before the committee for the first time with its current composition.

I'm here today to talk about several key NYIC priorities, including the City Council-funded Access Health NYC initiative, the discontinued ActionHealth NYC pilot, and the concerning increase in tuberculosis (TB) incidence among immigrant New Yorkers at the same time that the city's TB control programs face continued and severe funding cuts.

The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC Health Collaborative brings together immigrant-serving organizations from the frontlines of the battle to improve health access.

Access Health NYC

We hear stories from our members on a daily basis about the urgent need for funding for immigrant groups to conduct outreach and education about health access in their communities. We are heartened by the initial progress that Access Health NYC has made on meeting a portion of this demand. The NYIC is responsible for the training of all awardee organizations funded through the Access Health NYC initiative. In this way we have had direct contact and know of the value of these resources for all of the organizations that have taken advantage of the trainings.

As we approach its fourth year, the Access Health NYC initiative has become more important than ever. Immigrants in New York are entering an ever-deepening period of stress and vulnerability from changes and threats at the federal level. Over the past year and two months, we have seen a capricious executive order aiming to block many lawfully permanent residents and all refugees from entering the country, an escalation of immigration enforcement activities in New York and across the nation, and leaked drafts of an executive order and a regulatory change on

public charge consequences for using public benefits.¹ These proposals and actions have created an intense environment of fear and insecurity. Furthermore, the President and Congress have deigned to rob immigrant New Yorkers of health coverage through executive orders and legislation designed to destroy the social safety net, including Medicaid. New York City Administration and Council officials have publicly and passionately committed to protecting and supporting immigrant communities under attack from Washington. Ensuring accurate and timely information about access to health services and coverage must be part of this response.

We have heard regular reports of decreases in service utilization and benefit enrollment related to fears about immigration enforcement in health care settings and the impending changes to public charge rules that would threaten to punish immigrant New Yorkers for using benefits for which they are eligible and entitled. We commend Health + Hospitals for its rapid response to enforcement rumors and for its Open Letter to Immigrant New Yorkers, which restates the system's strong commitment to care for all people regardless of immigration status.² In this time of heightened fear and rampant rumor, it is critical to make a concerted effort to regularly reinforce messages about the safety of using the public health care system. As changes to health insurance and public benefits go into effect, communities will urgently need updated information on what federal changes mean for them and where they can turn for health coverage and services. Even when changes do not occur at the current frenetic pace, concern and confusion in communities is rampant and must be responded to in a timely manner.

This is where Access Health NYC becomes invaluable. The initiative provides critical funding to get complex, rapidly-changing, highly technical information to communities that are deeply affected by fear and instability. As of last year (data on FY 2018 output are still being gathered), based on voluntary reporting that we received from just 13 of the 17 awardees, we know that those organizations have provided 256 workshops, trainings, and community presentations. Through these efforts and individual outreach, awardees have reached 10,158 individuals and referred 2,333 individuals to navigators, health care providers, and enrollment offices for food stamps and other social services. Through ethnic media outreach undertaken by Access Health NYC awardees, health access and coverage information has reached more than 300,000 individuals. Bearing in mind that all organizations have not shared their outputs with us, and that we have most of an additional year of work under our belt that has not yet been counted, the true impact of the program is significantly higher than these numbers imply. Furthermore, the initiative has not been funded to conduct analysis specifically on rates of enrollment in insurance, but we are confident

¹ Under current US Citizenship and Immigration Services guidance, non-cash assistance such as Medicaid and SNAP are not included in public charge determinations of whether someone is "primarily dependent on the government for subsistence." A leaked draft of a proposed regulatory change in early February 2018 suggests that the Trump administration is close to publishing proposed changes to this guidance that would dramatically expand the categories of susceptible benefits, including nearly all means-tested benefits at the federal, state, and local levels. The current guidance is available at <https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>. Accessed 3/15/18.

² http://www.nyhealthandhospitals.org/wp-content/uploads/2016/12/immigrantCampaign_LetterFlyer.pdf

that Access Health NYC is contributing to the continued decline in New York's uninsured rate as a result of the outreach and education efforts of the organizations funded through the initiative.

Although our closest constituency at the NYC is New York's immigrant communities, we also note that many of the Access Health NYC awardees reach LGBTQ, homeless, women, individuals with disabilities, and formerly incarcerated individuals. Many New York City populations are vulnerable to changes emerging from the federal administration's vicious agenda. While Washington has made particularly destructive attacks on immigrants, the administration seems to have all low-income and vulnerable groups in its sights. The current state of affairs calls for growth in the Access Health NYC initiative that reinforces its structure of strengthening CBOs that serve a broad range of communities.

Given the threats to health access and equity imposed on us by federal changes, and the strong track record that the initiative has demonstrated in its first three years, we believe enhancing the initiative and increasing the number of organizations that receive funding is critical for New York's hard-to-reach communities. We are very grateful for the Council's commitment of \$1 million in the past three fiscal years. We request an enhancement to \$2.5 million in order to ensure that community-based organizations and community health centers reaching all New York City communities have resources and capacity to provide New Yorkers with correct information about health rights and protections in the year to come. Access Health NYC has been an unequivocal success in the thirteen Council districts it has served. It is time to ambitiously expand the initiative in order to confront the unique moment we live in across New York City.

ActionHealthNYC

The ActionHealthNYC pilot that the City undertook in 2016-17 was one of the most important initiatives to address the persistent challenges undocumented New Yorkers face in accessing health care without the ability to enroll in comprehensive coverage programs. It was also *the* major initiative to emerge from the 2014-15 Mayor's Taskforce on Immigrant Health Access.³ ActionHealthNYC tested important innovations in improving health access and continuity for immigrants excluded from federally funded insurance programs, including enrolling individuals in a branded program designed to link patients to a primary care provider, linking services at Health + Hospitals to federally-qualified health centers, and ensuring that care coordination prevented patients from falling through the cracks on key follow-up. According to news reports, the evaluation showed that ActionHealthNYC enrollees were more likely to receive a host of preventive services for conditions and behaviors including hypertension, diabetes, cholesterol, tobacco use, depression, colorectal cancer, HIV, and influenza vaccinations, as compared to a control group. Thirty-seven percent of those in ActionHealthNYC saw a specialist compared with 13

³ <http://www1.nyc.gov/nyc-resources/task-force-on-immigrant-health.page>

percent in the control group.⁴ The group that participated in the pilot intervention was also more likely to receive a diagnosis of a chronic condition, including mental health diagnoses, than the control group. Participants reported that the program made it easier to get health care when they needed it. The program made health care more friendly, accessible, and less chaotic for participants.

The NYIC served on several workgroups of the Mayor's Taskforce on Immigrant Health Access and contributed substantially to the conversations with city partners who designed the pilot. We were also part of the Community Advisory Panel for ActionHealthNYC. Several of our member organizations were among those that undertook community outreach to participants.

Based on the success of the pilot and the dedicated efforts of many members and partner CBOs, we are disappointed that the ActionHealth NYC pilot was discontinued without a concrete plan to incorporate lessons learned and grow an uninsured care program that reaches a broader number of undocumented New Yorkers. Extraordinary time and effort was invested in assessing the needs of the immigrant community for improved health access, in designing and measuring the impact of the program, and in executing the program across H+H and participating health center sites. We have heard from our partners in the Administration that the city will be applying some of the lessons of the pilot to an initiative to target the most frequent users of emergency department services. While a laudable goal, this focus on the sickest population overlooks the broader goal of facilitating access to primary, specialty and behavioral health care for the full spectrum of immigrants who depend on H+H services. The ActionHealthNYC pilot serves as a template for improving patient experience for the uninsured. The program's evaluation suggests that implementing such a program will also improve population health for H+H patients, which will in turn make the system work better for all patients.

We strongly urge the city to ensure that the lessons of ActionHealthNYC are incorporated into H+H's fee-scale Options program or to some other initiative. Linking individuals to genuine primary care homes, improving access to primary and specialty care, care coordination, and leveraging participation of partners outside H+H such as community health centers are all features of the ActionHealthNYC pilot with extraordinary value. We look forward to working with the City Council to improve immigrant health access and outcomes along these lines.

Tuberculosis control

Despite being preventable and curable, tuberculosis is on the rise in New York City for the first time in over 25 years, with a particularly devastating effect in our immigrant communities. Also increasing at a rapid pace are cases of drug-resistant TB, which are more difficult and costly to treat. A single average case of drug-resistant TB costs \$294,000. This resurgence of TB is a direct

⁴ <https://www.politicopro.com/states/new-york/city-hall/story/2018/03/02/report-actionhealthnyc-shuttered-program-for-immigrants-produced-positive-outcomes-291101>

result of years of underinvestment in New York City's TB response. While in recent years the City has steadily funded TB, a history of cuts since 2007 have reduced the City's TB funding from \$16.43M in 2007 (adjusted for inflation) to just \$8.59 million in the current year. Ongoing reductions at the state and federal levels over the past decade, and dramatic cuts in recent years, have exacerbated this situation. Total funding for the Department of Health and Mental Hygiene (DOHMH) Bureau of TB Control (BTBC) has been reduced by half in the last ten years. Several of the City's TB clinics have closed, and the few that are still open suffer limited hours and staffing.

Adequate funding for the TB response would lift a heavy burden off of New Yorkers. Increased funding would allow for active outreach by community organizations to raise awareness about TB, and provide services to identify and prevent it. It would make it possible to restore clinic facilities that meet patient needs, so people can seek care in chest clinics instead of having to be hospitalized. These efforts could save the city billions of dollars. Similar to what we're seeing today, budget cuts in the 1970s and 1980s dismantled the public health response to TB and led to a massive outbreak of drug-resistant TB in New York City. This outbreak cost over \$1 billion to control in the 1990s. This is the first time since then that TB is on the rise. We are in danger of repeating history and allowing an entirely preventable epidemic to haunt us again. We are putting our already vulnerable communities, especially immigrants, at great risk. For these reasons, the NYIC joins a broad coalition appealing for a restoration of New York City funding to the DOHMH BTBC to \$14.89 million, a \$6.3 million dollar increase over the current year. We are making similar—though proportionally higher—requests at the state and federal levels. We look forward to your leadership on the city portion.

Thank you for the opportunity to share this testimony today.



**Testimony of
Chris Widelo, Associate State Director
AARP New York**

**New York City Council
Committee on Health and Mental Hygiene**

Fiscal Year 2019 Preliminary Budget

March 20, 2018

**City Hall
New York, New York**

Contact: Chris Widelo (212) 407-3737 | cwidelo@aarp.org

Good morning Chairperson Levine and members of the Health Committee. I'm Chris Widelo, Associate State Director at AARP New York. On behalf of our 800,000 members age 50 and older in New York City, I want to thank you for the opportunity to testify today.

New York City's population is aging. Nearly one-third of residents in the five boroughs are over the age of 50 and that group is expected to grow by nearly 20 percent by 2040. The growth for the 65-plus age group is projected to be even more dramatic, with a whopping 40% increase.

And, our city is not just aging, we are becoming more diverse. African Americans, Blacks, Hispanics, Latinos, Asian Americans and Pacific Islanders account for 62 percent of New York City residents 50-plus and half of all those 65-plus living here were born in a foreign country.

We know from our recent report, *Disrupting Racial and Ethnic Disparities: Solutions for New Yorkers Age 50+*, developed in partnership with New York Urban League, NAACP, Hispanic Federation and Asian American Federation, that people of color over the age of 50 experience stark disparities in the areas of health, economic security, and the ability to live and remain in their communities.

All this means we must make meeting the needs of older New Yorkers a bigger priority. We are grateful to the increased and baselined funding increases made to the DFTA budget last year, but aging is not just a DFTA issue.

That is why we are here today along with some of our New York City members. And that is why we plan to attend budget hearings for a host of agencies. It is time for the needs of aging New Yorkers to be addressed across city government.

After all, meeting the needs of aging residents and helping them to stay in their neighborhoods is critical to retaining their tremendous economic, social, cultural and family contributions. And, it is also the right thing to do.

One of the keys to helping our older neighbors to continue to live in the neighborhoods they call home is ensuring they remain healthy.

That is a big undertaking in a city like New York.

Our *Disrupting Racial and Ethnic Disparities* report found that there are widespread and deeply entrenched disparities in individual health based on race and ethnicity.

These disparities are driven by a multitude of interacting factors including access, affordability and other health care system factors, as well as socioeconomic factors - also known as social determinants - such as poverty, residential segregation, unemployment or low educational attainment. These factors become more acute for our older residents, nearly half of whom weren't born here and nearly a fifth of whom is living in poverty.

The priorities outlined by Mayor de Blasio's [Age Friendly NYC New Commitments for a City for All Ages](#) report addresses several important health disparities, particularly as they relate to increasing utilization of services among older people, including those who are homebound.

For example, the city's efforts to train health and social service workers who work with homebound older adults on specific risk factors for injury and illness and best practices for prevention. How successful has that program been? And how many more seniors need better-trained providers?

Last year, AARP worked hard to ensure homebound seniors received better services and we are grateful that funding was baselined to increase homecare. But, we know there is more to be done.

Beyond that, the city is looking across networks to improve health outcomes. For example, the effort to forge connections between the health care provider network and the aging provider network, including marketing falls prevention programming to health care providers. How successful has that program been?

But if we are to better address the health of an aging population, we need to do more for those who need full time care – and for the unpaid caregivers who support them and enable them to live at home, where they want to be, instead of in expensive institutions.

A survey we conducted last year found that four in five New York City voters 50 and above want greater support for family caregivers to ensure older New Yorkers can age in their own homes – but the proposed city budget doesn't keep pace with the growing need. We would like to see a greater investment made to meet the needs of caregivers and their loved ones, including in-home respite services where someone would come to the home to provide a break for the caregiver. In addition, adult day care services, transportation service for older adults, services to help caregivers manage doctors, medications and insurance rates, and help with household chores related to the care of a loved one are also important for older New Yorkers to successfully age in place. We hope to see a greater investment in these services.

The bottom line is that we hope that all the discussion that will happen here today and at all budget hearings will consider the needs of aging New Yorkers. Let's disrupt aging together and help ensure all New Yorkers can age safely and happily in the city they love.



BREAST CANCER SUPPORT SERVICES • FOUNDED 1994

FY 2019

FY 19 Preliminary Budget Hearing

NYC Council Health Committee

March 20, 2018

Submitted on behalf of:

Anna C. Kril

Founder & President

Astoria/Queens SHAREing & CAREing, Inc.

(dba SHAREing & CAREing)

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Astoria, NY 11105

718 777-5766

www.shareing-careing.org

On behalf of the thousands of cancer survivors and community members served each year by **Astoria/Queens SHARE-ing and & CARE-ing, Inc. (dba SHAREing & CAREing)** I thank you for the Council's longstanding support of SHAREing & CAREing.

Through the years, Council funding, along with our own fundraising and foundation grants, has allowed SHAREing & CAREing to assist those coping with cancer, with an emphasis on medically underinsured, uninsured and linguistically isolated populations throughout Queens and the city. Through our diverse programs and services we assist over **6,000** individuals a year, providing cancer awareness and education, linkages to free or low-cost cancer screenings and treatment, patient navigation, case management, family support services, community wellness programs and individual and group counseling facilitated by our licensed clinical social worker. Additionally, we provide assistance with insurance matters, transportation to and from treatment, chemotherapeutic drug coverage, surgical camisoles, mastectomy bras, prosthesis and wigs.

This year we are seeking \$250,000 from the Council, an increase of \$100,000 from our FY 18 award under the Cancer Services Initiative. This funding, from the Cancer Services, Young Women's Leadership Development and/or Speaker Initiative funds, will allow us to continue and expand upon our ***"Be A Friend to Your Mother"* High School Outreach Program** and our partnership with the **Queens Public Library**.

SHAREing & CAREing's flagship ***"Be A Friend to Your Mother"* High School Outreach Program** was created in 1995 as an outgrowth of my own cancer experience. Since 1995, we have reached over **35,000 students** and approximately **6000 faculty members**. Under this program, SHAREing & CAREing educates young women and men about health and wellness, breast, testicular and other cancers and the importance of monthly self-exams and knowing your body. The program also encourages them to speak to the

older women and men in their lives to urge them to get appropriate health screenings and care. SHAREing & CAREing then links these women and men, if needed, to free or low cost cancer screenings and, if diagnosed, to treatment and other support services. This program, which falls within the NYS Learning Standards for Health and Physical Education, has been extremely well received by students and faculty alike.

During the current school year, 2017-2018, we estimate that we will have directly reached over **2000 young people** at our workshops at the following Queens High Schools:

- **Maspeth High School**
- **International High Schools for Health Sciences**
- **Voyages Prep**
- **W.C. Bryant High School**
- **LIC High School**

We also estimate that we will have indirectly reached over **4,000 adults** as a result of each student bringing the message home and discussing health and wellness, early detection and the availability of free or low cost cancer screenings with at least 2 family members.

It is my fervent belief, as well as that of SHAREing & CAREing's staff and Board, that educating our young people and engaging them in knowing and caring for their bodies is a crucial and needed step in increasing health and wellness among our future generations and in assuring early diagnosis of cancer.

SHAREing & CAREing's partnership with the Queens Public Library, created two years ago by our Clinical Licensed Social Worker, has enabled us to provide important health, mental health and cancer information to adults in an environment they trust as part of

the Library's ESOL and Community Health programs. Since July 2017, we have served over **250 adults through 13 programs** at the following Queens Library Branches:

- Elmhurst
- Rochdale
- Forest Hills
- South Ozone Park
- Pomonok
- Peninsula

SHAREing & CAREing serves women and men of all ages, ethnicities, races and economic backgrounds citywide, with the majority of those served residing in Queens County. It is through this organization, and the efforts of its dedicated staff and volunteers, that thousands of cancer survivors and their families have learned to live with the diagnosis of cancer, receiving support, counseling, benefit and medical information, education, and hope. SHAREing & CAREing has helped these survivors discover their own inner strength to face their battle against cancer.

As a 25-year cancer survivor, I am not only blessed to still be alive but blessed to be part of an organization that not only educates and empowers but an organization that actively helps to save lives. On behalf of those we serve, and those whose lives are affected by cancer, I ask for your help and leadership on behalf of SHAREing & CAREing's FY 19 budget request.

Thank you.

Testimony before the New York City Council Health Committee

March 20, 2018

Micah Bookman, Health Educator, Healthy Harlem
New York City

Good afternoon. Thank you for the opportunity to speak before you as a representative of my community asking for better access to healthy food.

In my work as a health educator at Harlem Children's Zone, I have come in contact with hundreds of students and parents with the same distressing issue. They want to eat healthier, but do not have access to the resources essential to their success. The desire exists. Now we are calling on you, the City Council, to help meet the demand. I support expanding funding for healthy food access programs, especially Health Bucks, for one simple reason: it has a positive impact on our community.

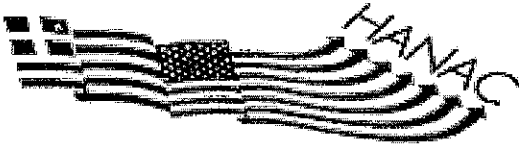
You have heard testimony on the broad and complex issues surrounding healthy food access, but I would like to zoom in on its acute and specific manifestations. In my community wellness group, mothers tell of having to travel an extra 30 minutes out of their way to find a grocery store with gluten free or sugar free snacks for their kids. Lack of access results in parents who find farmers markets overflowing with fresh vegetables near their work by Union Square, but not by their homes in Central Harlem. They can forget about finding the minimally processed, non-GMO and organic items we teach them about. When my high school students go to buy snacks in the corner store after school, they can get 42 grams of processed sugar for \$2, but a smoothie with fresh fruit costs \$6. My first grade students are so inundated with unhealthy options that they can instantly recognize french fries and hamburgers, but have never seen zucchini or brussel sprouts.

In these people, in my community, there is a hunger for fresh and nutritious options. There is a hunger for a healthy future without the pains of obesity, diabetes and heart disease. There is a hunger for quality local and organic produce, for meat that is humanely raised and free of hormones, for snacks that are not processed and restaurants that are not fast food. When I speak to corner store owners they can show me this hunger in the healthier options they have begun stocking, in the salad bars they are beginning to offer and the fresh produce they are stocking. On the ground level they can feel the demand and sense the growing consciousness around what we are eating. The movement towards a healthier future has begun and it needs your help.

My community and I are asking for you to support this movement by providing an additional \$15 million to SNAP and Health Bucks. Health Bucks are of particular importance to our community because it gives many children their first access to a variety of fresh fruits and vegetables. When my students go to the farmer's market they can feel the dirt on the carrots, they can see tomatoes as they ripen and they can smell freshly picked basil. These moments change their understanding of food and what is achievable. Funding Health Bucks makes their food affordable and their growth possible.

In addition, we ask the city to commit \$10 million to the Healthy Food Financing Initiative and \$3 million to the Healthy Corner Store Initiative. These efforts will make it easier to find healthy food closer to home. They will enable store owners to stock the most nutritious foods to meet our demand. They will strengthen our community while strengthening our bodies. They are critical for making healthy food more accessible.

We hope that you will make access to healthy food a priority for New York City's budget so that it can become a reality for our community.



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HANAC, Inc
Testimony on NYC FY 2017 Budget
Enrique Jerves, Program Director
March 20, 2018

Good Afternoon, my name is Enrique Jerves, and I am the Health Access Program Director at HANAC, Inc. I'm here today to request the Council to include \$2,5 million for Access Health NYC in the FY 2018 budget. The Access Health NYC program has been an opportunity for HANAC to educate and spread key health information among the community, who are directly affected by the appropriate distribution of resources. This funding has enabled us to create more than sixty literacy activities in which explain about Affordable Health Care Options, Immigrant Health Care Rights, Instructions on completing Emergency Medicaid applications, local social services, access to primary and specialty care, Medicare, Health Care Act, and how immigrants can get access to different health services. We have additionally advocated for clients with Limited English Proficiency, which is an obstacle for health care enrollment.

HANAC is a not-for-profit organization that provides multiple social services to the immigrant community of Queens and Citywide as well. The FY'17 budget increase allowed us to provide two days outreach a week, in which we normally contacted over fifty clients a day. This close relationship with immigrants enable and empower New Yorkers to avoid scams and to increase confidence in the city and different state agencies, and more importantly to get primary health care, which is a human right.

To show appreciation to our workshops' attendees; our program provides give aways such as, coffee mugs, T-shirts, notebooks, and backpacks. The local community is one of our biggest supporters, because they need the important information that our program provides, which helps to improve their quality of life.

Why do we need to increase the funding to support Health Access in New York City?

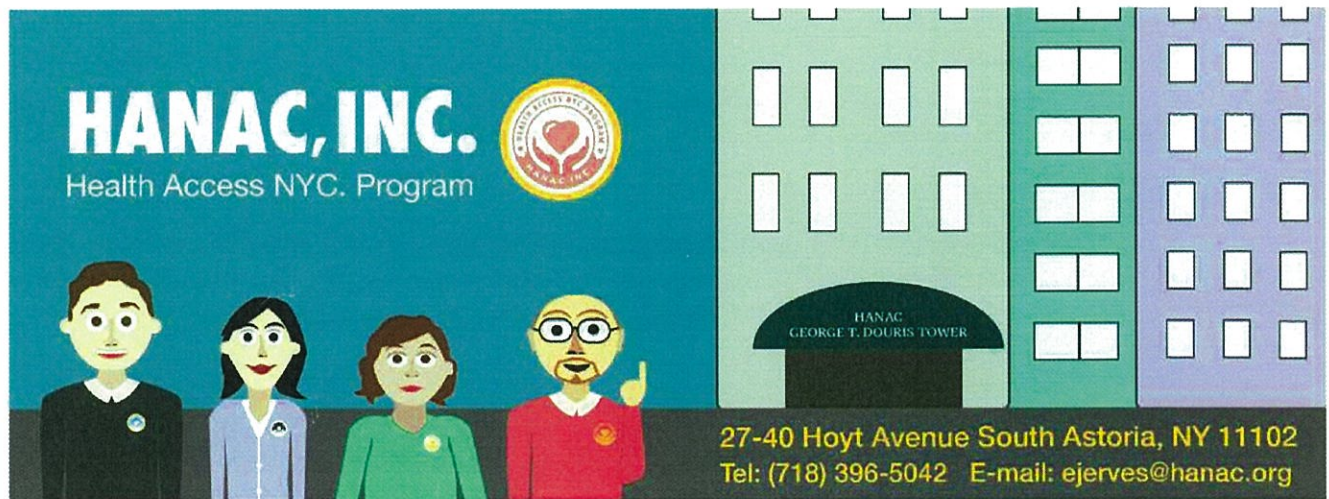
Increased funding we enable us to meet the demands from different communities residing in Queens. Unfortunately, immigrant-serving services are often underfunded and underserved. Immigrant Communities do not have the financial flexibility to obtain health care access without the crucial support of the City. HANAC is a trusted organization that has earned the respect of the community and it is known as one of the best-equipped organizations to spread the information out to individuals and families in need of healthcare alternatives and guidance to understand their options.

The main goal of The Health Care Act is to insure that clients get access to health, but more importantly is the act to prevent death and diseases. Therefore, our program has three main goals. First, we would like to continue working to serve the community by providing accurate information in the language that prevails in our community. Second, we would like to spread the health care information to everyone, who can join us in our outreach campaign, and Third, We would like to keep providing additional information about social services that are currently in place in the area of Queens. Therefore, our immigrant community needs the budget to be increase to 2, 5 million, which will help to extent the magnificent work that we provide in our Health Access Program.

Thank you for your time and consideration.



Founded in 1972 to support the assimilation of Greek immigrants to New York City society, HANAC has diversified and expanded considerably over the past 44 years due to the ever changing demographics in the communities that we serve. Today HANAC is a multi-faceted community services organization with geographic concentrations in Western Queens and Harlem.



Healthcare coverage is an important issue faced by millions of Americans. Education and access to information is key to ensuring that the residents of the communities that we serve have the knowledge and tools necessary to choose healthcare benefits that are appropriate for them. Our Health Access Program provides reliable and coordinated access to affordable care for individuals who are not eligible for the extended marketplace.

Health Access Logo

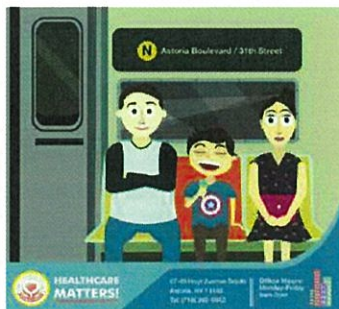


Begining



Current

Subjects covered in the past

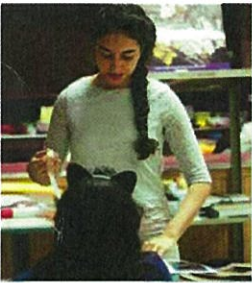


- Medicaid and Emergency Medicaid
- Obama Care
- Medicare Part A and Part B
- Medicare Part D
- Medigap Supplements
- Extended Marketplace



- Medicare Open enrollment period and Medicare Plans
- How to use a Medical Insurance and how to find a primary physician.
- How to save money with preventive care
- Mental Health Alternatives
- Health Access Options

Subjects to cover in the future

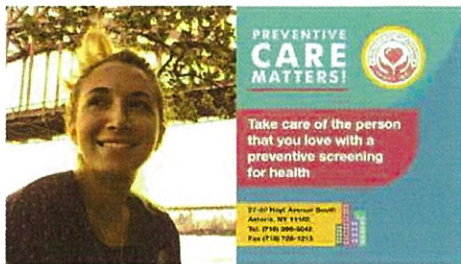


- Stress and Meditation Benefits
- Nutrition
- Billing Issues
- How to find language support in the Medical System?
- Cancer screenings and Cancer support centers.
- HIV and Aids prevention
- Diabetes, nutrition and long term diseases
- The Importance of having health insurance

Workshops & Literacy Gallery



Flyers



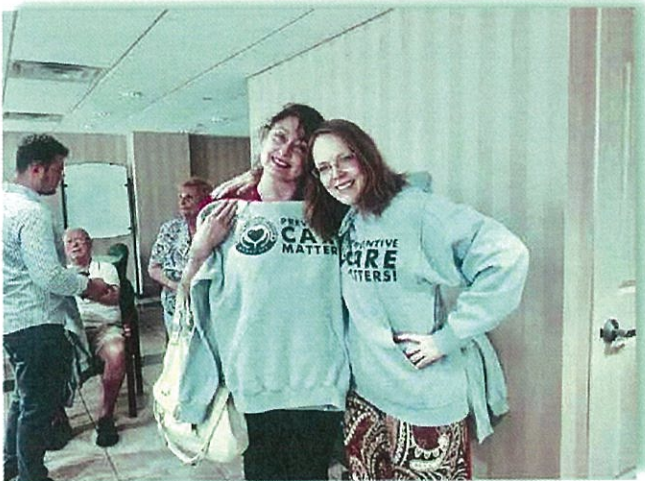
Business Cards



Printing Material



Marketing & Advertising Outcomes





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Statement from Bronx Community Health Network to the New York City Council Committee on Health

March 20, 2018

Hello. Thanks to Mr. Levine for holding this session today. My name is Paulette Spencer. I work for Bronx Community Health Network, a federally funded health center and non-profit community-based organization that assures access to quality, affordable primary, preventive medical care and support for social services to residents regardless of their ability to pay or immigration status. My work focuses on BCHN's Centers for Disease Control and Prevention (CDC)-funded Bronx Racial and Ethnic Approaches to Community Health (REACH) Champs Program. REACH's goal is to reduce obesity in communities like the Northeast Bronx where obesity rates disproportionately high through initiatives supporting healthy nutrition and increased physical activity.

Over the past three years, our Bronx REACH Champs 34-member coalition of individuals, local community groups and parks friends' organizations, agencies including the NYC Parks Department, policy makers, all committed to making our parks safe, welcoming and accessible for community use--walking, running and other fitness activities in seven Central and Northeast Bronx parks. To date, our REACH Champs coalition/community-led parks-based activities have reached/become available to 300,000+ community residents in neighborhoods surrounding Seton Falls, Poe, Devoe, Shoelace, St. James, Aqueduct and Soundview parks. One coalition partner, New Yorkers for Parks (NY4P), created a set of 7 visitor park guides in English and Spanish that have been widely distributed to community residents. The park guides received praise from the CDC, which deemed it worthy of replication.

In addition to the park guides, Bronx REACH Champs, with the support of its coalition, has trained 17 residents to facilitate classes in gentle exercise using Qigong methods. Through this and other park-based activities, like walking groups from neighboring health centers to Poe, Devoe and St. James Parks, we have increased community demand for park-based programs. Our 34-member coalition has begun to measure park usage by using a research tool created for Bronx REACH Champs by New Yorkers for Parks. The tool is called SOPARC – or System to Observe Play and Recreation in Community. It can be used to enhance park programs, while also fostering a sense of pride and park ownership among the community resident volunteers who gather the data. This past summer, Friends of Seton Falls Park, a coalition partner, recruited and trained 21 Summer Youth Employment Program workers to use SOPARC in Seton Falls Park. This Friends group also recently secured capital funding from the NY City Council to improve park safety.

With enhanced park programming and increased access to parks, our coalition can eventually measure the long-term change of the health statistics in the surrounding communities and examine the extent to which park usage and improved access to parks are related to improving a community's health.

We would appreciate learning how BCHN and this City Council Committee can work together to support and sustain expansion of this work.



**Remarks of the Samaritans Suicide Prevention Center
to the NYC Council Committee on Health**

March 20, 2018

Good morning. My name is Elaine Hunter and I want to thank Chairman Levine and all the members of the NYC Council's Committee on Health for the opportunity to present testimony on behalf of Samaritans Suicide Prevention Center, its staff and volunteers.

I am honored to speak to you today and share my perspective as someone who has a Ph. D. in neuroscience from Columbia, but is also a volunteer with experience working on Samaritans suicide prevention hotline.

As you know, suicide--the tragic and ultimate symbol of untreated mental health--has increased in this city the last 3 years, causing *almost as many fatalities annually as homicide and auto accidents combined*. And that does not include the current opioid crisis.

You are also probably aware that each year 1 in 5 New Yorkers experiences a mental disorder (a significant risk factor for suicide) and that 60% of them will *never receive care*—destroying lives and families; and costing NYS \$1.8 billion from suicide alone.

But suicide and suicide prevention should not just be confined to the mental health sector, for every health problem that people experience--from Alzheimer's, diabetes and AIDS to Zika—has potential that can lead to depression and self-destructive behavior.

Samaritans' experience answering over 1.3 million calls from New Yorker's in distress tells us that every illness—no matter its severity—often leads people to feel overwhelmed and insecure, hopeless and helpless, powerless to overcome their situation. Include low self-esteem and increased impulsivity (all key risk factors), and you have a potentially serious problem.

Then consider the countless stigma associated with mental health and a clinical-medical model that tends to focus on palpable diagnoses—not an individual's more ephemeral state of mind—and it is easy for underlying emotional problems to go undetected.

In fact, research tells us that the majority of general practitioners fail to perform even basic depression screenings on their patients during exams, possibly missing a golden opportunity to identify psychological and behavioral problems. And, even more important, be in a position to address it.

This is why Samaritans encourages you to advocate for enhanced suicide prevention training (not for just the school system), but for every city contracted health agency and department; and emphasize the need for them to utilize at least some basic depression screening tool and suicide risk assessment model.

Samaritans has a proposal before the Council Speaker for FY 2019 to address this need that we hope you will consider supporting. Our "*Caring Community*, suicide prevention education" project will advance the integration of suicide prevention education and procedural planning for government, non-profit, academic and community organizations that serve NYC's culturally diverse at-risk populations.

Having operated NYC's 24-hour suicide hotline for over 35 years and developed the city's first suicide prevention public education program; having trained over 40,000 health care providers in hundreds of schools and agencies—Samaritans, working with our community partners is in an ideal position to implement this program and save lives.

I thank the Committee for its time and appreciate your attention to the physical, and emotional, wellbeing of all New Yorkers.

This testimony has been presented and submitted on behalf of Alan Ross, Executive Director, The Samaritans of New York



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3/20/2018

To whom it may concern;

My name is **Maha Attieh**, the health program Manger & New York State of Health Navigator at the Arab American Family support Center. Our agency is the only Community Base Organization (CBO) granted by NYS through our lead agency CACF as Navigator site for the Arab American community state wide.

We serve the Arab American immigrant and other immigrant population city wide, underserved documented, undocumented (connect them to HHC option), underinsured and the uninsured that don't have the knowledge to use the complicated system in English to apply for health insurance and access health care in New York City.

Most of our clients come to our agency for help because we speak their language, in 2017 we had 605 application 78% of our application were conducted in the Arabic language (for the Arabic speaking) 96%of them low income families below the 200% poverty line on Medicaid, Child Health Plus and Essential Plan programs. Our agency need to be on the list of CBO's to receive AHCNYC funding.

According to 2010 Census Bureau 93,000 Arab American lives in NYC, this number is under-reported for fast growing Arab population because we are counted under white not Arab American or Medill Eastern.

I am the only Navigator in the agency helping the Arab community in the Arabic Language applying for health insurance, finding a doctors who speak their language, translate and explain their health insurance letters and documents, help them with their medical billing problems, making appointments or changing doctors, where to go for preventive services, host educational health workshops and street health fairs, attend outreach health event city wide to provide information in Arabic.

We connect with our community by the word of mouth; advertise in ethnic media with very small fund, or do interviews with Arabic TV station and Radio, but it's not enough to reach very hard to reach population and every member in the community.

We the people, the immigrant population none English speaking have the right to receive access health care in NYC with interpretation in our own language.

Our agency AAFSC is very important to the immigrants of NYC because we serve over 6000 clients a year since 1994, our staff 49 Full -time and 9 Part time speaks 12 languages.

We need the support of our council members by approving **\$2.5million ACESSE HEALTH CARE NYC** in their fiscal year 2018 Budget to increase our resources to help our community to be informed and healthy.

Hello and Good Afternoon,

My name is Kimberly McKenzie, Director of Outreach and Community Engagement at the Sylvia Rivera Law Project. I would first like to give much thanks to Chair **Mark Levine** of the Committee and all of the Council Members here in attendance.

At the **Sylvia Rivera Law Project** we work to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race and without facing harassment, discrimination or violence. SRLP is a collective organization founded on the understanding that gender self-determination is inextricably intertwined with racial, social, and economic justice. Therefore, we seek to increase the political voice and visibility of low-income people and people of color who are transgender, intersex or gender non-conforming. SRLP works to improve access to respectful and affirming social, health and legal services for our communities. We believe that in order to create meaningful political participation and leadership, we must have access to basic means of survival and safety from violence.

As a part of the Trans Forum Coalition, in which several community organizations serving Transgender, Gender Non-Conforming, and Intersex (TGNCI) people held forums in all five boroughs to understand the needs of our community, we have taken an active role in addressing the needs of our TGNCI communities. Through our TGNCI community recommendations we have collaboratively formed a Policy Brief (**Solutions Out of Struggle and Survival, available at avp.org/solutions**) to expand policy and budget solutions with specific proposals to funding initiatives that support TGNCI lives and economic sustainability.

I am here to testify on behalf of supporting our proposed TGNC Healthcare Liaison program, which we have proposed to DOHMH and the Health and Hospitals Corporation, and would cost \$820,000. As a part of our Coalitional efforts we recommend DOHMH and the Health and Hospitals Corporation provide supportive services that include hiring of culturally competent TGNC liaisons at city hospitals who understand and respect TGNC identities and their healthcare needs. Too many times our communities have witnessed incompetent services at hospitals that don't address them, with incorrect pronouns and, furthermore, experiences of discrimination which contribute to risks of negative health care outcomes and violence against our communities with little to no access to affirming healthcare services. It is vitally important that TGNC communities feel affirmed and visible in these public health setting, while taking the next steps to ensure supporting affirming healthcare of our TGNC communities and overall visibility of TGNC communities lives. This is why we need DOHMH and H+H to fund the TGNC Healthcare Liaison program, and if they do not, we seek Council's support in funding this new program.

Thank you, and you may contact me at Kimberly@srlp.org.



FY19 Budget Statement Access Health NYC

My name is Shakti Castro. I am the Community Engagement Coordinator at the BOOM!Health Harm Reduction Center in The Bronx. We serve The Bronx community with an array of services, including prevention, syringe access, housing, legal, and advocacy and wellness services. I am here to support the Access Health NYC initiative by urging the New York City Council to fund Access Health at \$2.5 million dollars for the 2019 fiscal year.

At BOOM! we work with people who exist at the intersections of several marginalized identities. Through Access Health NYC we are able to bring our harm reduction approach to health education, meeting people where they are, without judgment, and connecting them to the services, information, and coverage they need to lead healthy lives and make choices that work for them. The educational workshops and groups that we have conducted have helped us empower our community with knowledge and confidence in a judgment free environment, helping them to understand their health coverage and advocate for themselves as patients.

Many New Yorkers are navigating a changing and confusing healthcare system, and through Access Health NYC, BOOM! is able to direct outreach in under and uninsured communities, including new immigrants, Spanish-speakers, and the LGBTQ community. Since we started working with Access Health NYC in 2015, we have been able to reach 20,000 individuals through community outreach, workshops, groups, and tabling events, as well as through social media. This fiscal year alone we have had almost 40 groups, workshops, and events that have helped us to reach some of the most vulnerable members of our community and connect them with information related to diabetes, Hepatitis C, HIV, AIDS, substance use disorder, as well as resources for their mental health and nutritional needs. These issues affect a disproportionate number of Bronx residents. The Bronx has the highest asthma rates in the state at 47.6 per 10,000. When it comes to Latinas diagnosed with HIV, almost 48% reside in The Bronx. Access Health NYC has helped us to address these entrenched health inequalities through education and linkage to treatment services. I urge the City Council to fund Access Health at \$2.5 million dollars so that BOOM!Health, and other community-based organizations around the city, can continue to do this necessary work and ensure the health, wellness, and safety of ALL New Yorkers.

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FAMILY HEALTH CENTER**

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Bedford Stuyvesant Family Health Center

Testimony on NYC FY 2019 Budget

Lemual Boyd

March 20, 2018

Good Afternoon, my name is Lemual Boyd and I am a Health Educator on the Access Health NYC Initiative at the Bedford Stuyvesant Family Health Center, a Federally-Qualified Health Center located in Brooklyn. Our Center is a safety net facility that targets the neediest within our community.

The Access Health Initiative has opened up a whole new world to the Center and the community.... The Center is more involved in the community,

advocating, and extending itself beyond our routine business. We are working with the community to restore renewed hope to people who previously thought that the deck was just stacked against them.

Recently, a young man approached me while I was tabling outside a drug treatment facility. I began my elevator pitch, telling him about all the services we could offer him on the spot. I indicated to him our insurance navigator who could help him on

spot and offer our free HIV or Hep C tests. At this point, he proceeded to tell me that the Department of Health contacted him about his STD infection, of which he was very troubled and really burdened. He was not sure of the next steps. I was able to counsel him and he agreed to get treatment. He has started his treatment and is ready to move on with his life.

This story and the stories of many others represent the everyday life experiences of regular New Yorkers are what drive our work. **The Access Health Initiative makes a significant difference.** It changes the landscape. It provides hope in the midst of fear and uncertainty. It is a pathway for everyone who calls New York City home.

Your work at the Council is ever so important. Although we know budget is real tight, we call on you, to re-fund the Initiative **and** to re-fund it at a higher financial commitment of 2.5 million dollars.

Thank you for this opportunity and for your kind attention.



YWCA of Queens
Testimony on NYC FY 2019 Budget
Tammy Yuen, Healthcare Navigator
March 20, 2018

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Good Afternoon, Mr. Chairman and Members of the New York City Council Committee, my name is Tammy Yuen, a healthcare navigator at the YWCA of Queens. I am grateful to have this opportunity to testify on behalf of the Access Health NYC Initiative budget proposal of \$2.5 million for the fiscal year 2019. I would like to say thank you to the City Council Speaker, Corey Johnson and New York City Council Committee of Health for three years' support of our continuous Access Health Program. Access Health NYC has offered funds in training our navigators to keep our skills and knowledge up to date. We are dedicated to provide fair health insurance enrollment services for our clients through the New York State of Health Marketplace. We collaborate with community based organizations to help children, families and individual to obtain low-cost healthcare access as well as social services such as SNAP, cash assistance, rent assistance, housing application and other free services. We have languages translation in Korean, Chinese and Spanish for immigrants who are not speaking English.

I would like to share an example of my outreach at Flushing Greenmarket last November. I handed out healthcare flyers to a volunteer who was working at the information booth. She said she did not know we can enroll people to Government health insurance. She wanted to refer her parents to our services because her parents can only speak Chinese. Access Health NYC now becomes a community based program. We need the fund to sustain local health programs through education. This April, I will represent NY State of Health to assist consumers with information about the Marketplace at Ridgewood's YMCA Healthy Kids Day. I will let parents know that I can enroll their kids to Government health insurance. We want to ensure as many children and parents as possible are enrolled in health insurance.

The YWCA of Queens was founded by 9 immigrant women in 1978 and has proudly served the Queens community since then. The YWCA of Queens is dedicated to our mission of eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. We provide ESOL programs, social service, health insurance enrollment, career service, senior service, food pantry to support individual and families who live in our community.

I am here today to share my story and urge the Council for its support of \$2.5 million for the Access Health NYC Program.



Testimony prepared for the New York City Council's
Committee on Health

Hon. Mark Levine, Chair

March 20, 2018

Prepared By:

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My name is Winn Periyasamy and I am the Health Policy Analyst at FPWA (the Federation of Protestant Welfare Agencies). I want to start by thanking Chairman Levine and the members of the Health/Hospitals Committee for the opportunity to testify before you today and for your leadership on health in New York, an issue that deeply impacts all aspects of life for every New Yorker and every community.

FPWA is an anti-poverty, policy, and advocacy nonprofit with a membership network of 170 human service and faith-based organizations. FPWA has been a prominent force in New York City's social services system for over 95 years, advocating for fair public policies, collaborating with partner agencies, and growing its community-based membership and coalition networks to meet the needs of all New Yorkers. Each year, through our network of member agencies, FPWA reaches close to 1.5 million New Yorkers of all ages, ethnicities, and denominations.

We at FPWA, along with our member agencies, believe that true economic equity can only be realized through a system that eliminates the disparities that create and perpetuate poverty while equipping and empowering people to sustain themselves, their families and their communities. Health is a critical part of this vision – health runs through every aspect of our lives and every system that dictates our individual abilities to live fully realized existences. In a time where health is so uncertain on every level of the American governmental system, we believe New York City must reduce health disparities by ensuring that all New Yorkers know not only how to access health care and coverage, but are empowered to do so.

To this end, FPWA is particularly excited for the opportunity to testify on behalf of Access Health NYC initiative. This initiative is dedicated to equipping some of the city's most dedicated community-based health educators and providers with the training and resources they need to provide outreach, education, and support to all New Yorkers in need of health coverage and health care.

Over the last three years, the initiative has had immense impact in connecting New York City residents to health insurance and health care. Based on these results, FPWA recommends that the City Council enhance the Access Health Initiative to \$2.5 million in FY19.

Ensuring All New Yorkers Have Health Care Access and Coverage

Access Health NYC is designed to target individuals and families who are uninsured, LGBTQ, formerly incarcerated, homeless, have limited English proficiency, have disabilities, live with HIV/AIDS, and are experiencing other barriers to health care access/information about health coverage and options. Better access to insurance coverage and primary and preventive care will reduce health care costs for families and safety net providers like the Health and Hospitals Corporation, and improve health outcomes for all New Yorkers.

The Access Health Initiative was formed in response to New York City's high number of uninsured residents. According to the Comptroller, more than 950,000 New York City residents lacked health insurance in 2014. Recent New York State of Health data shows that over 2.2 million residents (n = 2,267,562) residents across the five New York City counties were enrolled into Medicaid, Child Health Plus (CHP), and Qualified Health Plans (QHPs) in 2018 through the New York Health Exchange, which was developed due to the

implementation of the Affordable Care Act (ACA). However, with the constant turmoil surrounding immigration, budget, and public health policy, many New Yorkers feel unsafe or confused accessing or navigating the health care system they are entitled to.

Now in its third year as a citywide initiative, Access Health NYC supports the work of 5 umbrella organizations, 13 CBOs, numerous service providers and sites, and a consumer helpline in connecting vulnerable communities to healthcare. The Access Health initiative has provided multiple high-level trainings around culturally responsive social services available to all New Yorkers. Our requested FY19 2.5-million-dollar enhancement will allow for the continued work of the currently funded organizations as well as the inclusion of additional CBOs, which will increase the city's ability to outreach to its residents and ultimately strengthen New York City's health overall.

FPWA is currently completing an initiative-wide evaluation of the Access Health NYC initiative's efforts over the last three years. Since its inception, Access Health initiative CBOs have hosted over 750 workshops with over ten thousand New York residents in attendance and given over ten thousand referrals to city social and human service provider resources. In addition, awardees have reached over three hundred and twenty thousand people indirectly through ethnic media readership and viewership. Awardees achieve this through a variety of creative outreach efforts - going directly to people in barber shops, embassies, bars, even elevators to ask them if they are interested in getting insurance. They do not just focus on signing up people for health care - they also help residents use health services by often accompanying people to their doctors' appointments or providing impromptu safe spaces for their communities to discuss potential federal level threats to their health access. These organizations do not just work with people in their immediate neighborhoods - Access Health NYC awardees often see residents come from all around the five boroughs because clients know that these are organizations that they can trust with their health and their stories. Without Access Health, New York might not have signed up as many residents as are currently receiving marketplace insurance. Our hospitals would have to provide more uncompensated care. Our communities would see more illness. To give community organizations more capacity to provide health outreach is to give New York a better chance at holistic living.

Another strength of this initiative is the wealth of experience and expertise provided by the five lead organizations - the Coalition for Asian American Children and Families, Commission on the Public Health System, Community Service Society, New York Immigration Coalition, and FPWA. Over the last year, Access Health NYC awardees have been involved in developing, translating, and releasing a Guide to New Yorkers' Health Care Rights & Options pamphlet set to be distributed to help New Yorkers of all backgrounds find their way through the health care system. We are excited to be able to share these materials with you and your constituents next month. In the future, we look forward to the opportunity an enhancement could bring to make health care access more of a reality through more communities and with more community organizations through your districts - and encourage you to nominate organizations in your neighborhoods who can do this vital work.

It is critical to New York City's continued growth that residents know that no matter who they are or what their background is - their health is something their city will protect. Access Health NYC is a truly localized

representation of a guiding public health principle – that health is a human right. We can make this a human norm right here in our neighborhoods through community based organizations.

Conclusion

Again, we thank the City Council for the opportunity to testify on this powerful issue. We hope that you will consider our budget request and recommendations during this year’s negotiation process, and encourage you to reach out to us with any questions you may have. We look forward to the continued opportunity to work with the Council to ensure New York residents and communities have the chance to stay healthy, happy, and whole. Health truly is the key to achieve economic advancement and create shared prosperity for all New Yorkers

FY2019 Expense Request Testimony NYC Council Committee on Health Oversight Hearing

Good afternoon. I am Elizabeth Adams, Director of Government Relations at Planned Parenthood of New York City (PPNYC). Today, I testify before you on behalf of our services, staff, and the thousands of patients we serve each year. Thank you to Health Committee Chair Mark Levine for convening this hearing, Speaker Corey Johnson, and to the entire City Council for their continued support. I would also like to thank the Department of Health and Mental Hygiene for their partnership and longtime support of our work.

For over one hundred years, thousands of women, men and young people have relied on Planned Parenthood of New York City (PPNYC) for essential sexual and reproductive health care and innovative education programs. The New York City Council has been extremely helpful in narrowing budget gaps to support PPNYC's commitment to provide health care services and educational programs in all five boroughs of New York City, especially those most in need. This year we face new federal threats to services, and we again turn to the New York City Council for your generous support to continue to provide affordable expert care to all New Yorkers, no matter what.

PPNYC currently serves almost 60,000 women, men and young people annually, proud to be a vital and innovative health care resource in New York City. In recent years, we have expanded our range of services to meet the sexual and reproductive health needs of an even greater number of New Yorkers, and now offer transgender hormone therapy, vasectomy, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP) screening and services at our health centers. We have also incorporated a health home model with our street-based outreach HIV-prevention program, Project Street Beat, and offer Narcan overdose prevention and safe needle exchange to community members. Our role as a leading community provider of confidential services makes us uniquely suited to provide compassionate, nonjudgmental care for every individual.

Ensuring Access to Vital Sexual and Reproductive Health Services

For more than a decade, the City Council has designated \$350,000 to PPNYC through a Family Planning Initiative. Two years ago, that initiative was baselined, and PPNYC has since received funding through a new Reproductive and Sexual Health Services Initiative to help meet ongoing funding needs. This year we expect to face new federal restrictions to our Title X grant, and again turn to the generosity of the City Council to help us to continue to provide affordable care for all New Yorkers, no matter what. **An enhancement to \$500,000 from \$244,000 would enable PPNYC to make up anticipated federal cuts to our Title X grant from Public Health Solutions.**

The Council's ongoing funding enables PPNYC to provide sexual and reproductive health services including contraception and STD prevention; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; PrEP, hormone therapy for transgender New Yorkers, and HIV testing and counseling to New York City's patients. This funding helps us cover the cost of care for the thousands of patients who qualify for health services at no or reduced cost. For many New Yorkers, we are their primary link to health care and where they turn for their annual check-up, pap smear, and breast cancer screenings, accessing early detection care. In fact,

four in ten women who obtain care at family planning centers report that their family planning provider is the only source of health care they receive.

This year, we may face drastic new federal funding cuts. PPNYC has long relied on Title X family planning funding to cover care for our low-income patients, who often do not have health insurance because of their immigration status or safety concerns. The Trump administration just released new Title X guidelines that radically shift the program's priorities away from contraceptive care, making it more difficult for providers like PPNYC to offer the quality care and education our patients depend on. Title X is a national program that serves 4 million people each year with essential health care, including birth control, STI testing and treatment, HIV testing, cancer screenings, and gynecological care. The almost fifty-year program is founded on the belief that every person — regardless of where they live, how much money they make, their background, or whether or not they have health insurance — should have access to basic, preventive reproductive health care and is an important safety net for people who would otherwise go without care. This shift is another attempt at weakening our ability to continue to offer medically accurate sexual and reproductive health care, and opens funding opportunities for providers that emphasize abstinence-only methods, such as anti-abortion crisis pregnancy centers (CPCs). With several CPCs (also known as 'fake clinics') located throughout the City that have actively deceived our patients and delayed time-sensitive care, our ability to meet the need for services citywide is more urgent than ever.

In order for us to continue to serve our patients in the face of these cuts, we ask the Council to help us close this funding gap through the Reproductive and Sexual Health Services Initiative. Income and insurance status should not be a barrier to health care.

In addition to supporting our health care services, this initiative helps PPNYC provide educational services to youth in targeted neighborhoods, including through our Youth Health Promoter program. Youth Health Promoters are highly trained peer educators who engage in outreach in their communities and through social media, and conduct interactive workshops to educate fellow youth about teens' rights and access to sexual and reproductive health care. The program reaches thousands of young people each year with youth-friendly information on reproductive and sexual health at 'Pop Up' health events and school programming throughout the city. PPNYC's education department also partners with schools to implement comprehensive sexuality education workshops. Our workshop series, *Taking Care of You*, addresses many topics traditionally left out of evidence-based curriculum, including gender identity and healthy relationships. We are proud to support NYC's efforts to implement inclusive and innovative programming that gives young people the reliable, accurate information they need to stay healthy.

PPNYC also respectfully requests a continuation of \$114,000 in a Young Women's Initiative dedicated contraceptive fund allocation to provide long-acting reversible contraceptive (LARC) devices free of charge to clients who are uninsured, ineligible for public insurance coverage such as Medicaid, and struggle to pay for their services out-of-pocket. Funds will also be used for patients who are not able to use their insurance due to confidentiality concerns and would otherwise not have access.

Continuing Commitments to End the Epidemic

For the past four years, the Council has generously provided budgetary support to offset funding reductions for our HIV prevention services. PPNYC respectfully requests the Council's support for continuation of an \$112,000 Speaker Initiative to support Project Street Beat (PSB). Project Street Beat is a renowned 30-year old program that brings educational outreach, sexual and reproductive health services, harm reduction, case management, individual and group counseling, evidence-based interventions, and other supportive services directly to thousands of HIV-positive individuals and those at high risk for HIV infection. In 2017, PSB provided 23,949 services of all types and served 2,054 enrolled clients in the South Bronx, Northern Manhattan and Brooklyn.

In recent years, Project Street Beat has grown its services to help lead the fight against the opioid crisis in New York City. Staff provide trainings on Narcan (Naloxone) for community based organizations, PSB clients, and community members, to equip New Yorkers to prevent an opioid/heroin overdose from becoming fatal. Staff also provide safe syringe disposal and clean needle exchange. In addition to PSB's enhanced harm reduction program, PSB has launched home health care management services for individuals living with multiple chronic conditions. As the federal government works to restrict proven health care programs and cut access to care, we know that the need for these services has never been greater.

Project Street Beat also focuses on serving women of color who are at high risk of contracting HIV. The New York City Department of Health and Mental Hygiene (DOHMH) recently announced that while rates of new HIV diagnoses in NYC have reached a record low, there has been an increase among women since 2015—with Black and Latina women making up more than 90 percent of cases. As one of the few organizations primarily serving women, we know how critical it is to provide support for all high-risk communities, so that no one group is left behind in our efforts to end the HIV epidemic. PSB targets a difficult to engage population of women who exhibit multiple sexual and substance use behavioral risk factors, as well as social factors that heighten their risk for STI and HIV acquisition such as unstable housing, histories of trauma and unaddressed mental health issues. Using a culturally competent, street-based approach, Project Street Beat staff travel in minivans and a mobile medical unit to street locations and selected community-based partners to connect residents to care. As part of our commitment to ending the AIDS epidemic, we are proud that Project Street Beat now provides Pre-Exposure Prophylaxis (PrEP) counseling and services to the mobile unit, to serve New Yorkers who may not feel comfortable seeking out services in more traditional healthcare settings.

Thank you for the opportunity to testify and to both the Council and DOHMH for consideration of our requests.

**THE COUNCIL
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in favor in opposition

Date: 3/20/2018

(PLEASE PRINT)

Name: JANKA MARTICEK

Address: 3 SHERIDAN SQ

I represent: ME/ACTION

Address: _____

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in favor in opposition

Date: 3/20/2018

(PLEASE PRINT)

Name: MELISSA TIARKS

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I represent: SELF - patient w/ ME/CFS

Address: _____

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

in favor in opposition

Date: March 20, 2018

(PLEASE PRINT)

Name: Paulette Spencer

Address: _____

I represent: Bronx Community Health Network

Address: 1 Fordham Plaza, Ste. 1108,
Bronx, NY 10458

**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: _____

Name: Laura Redman (PLEASE PRINT)

Address: _____

I represent: New York Lawyers for the Public

Address: 151 W. 30th St, NYC Interest

**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: 3/20/18

Name: Andrea Bower (PLEASE PRINT)

Address: 147 S Oxford St Apt 1D Brooklyn 11217

I represent: TRANSGENDER & GENDER NONCONFORMING SOLUTIONS
Address: COALITION

**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: 3/20/18

Name: Kimberly McKenzie (PLEASE PRINT)

Address: _____

I represent: Sylvia Rivera Law Project (transgender organization)

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: _____

(PLEASE PRINT)

Name: Robin Vitak

Address: 122 East 42nd Street

I represent: American Heart Association

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: _____

(PLEASE PRINT)

Name: ANNA KRIL

Address: 2355 26th St, Astoria, NY 11105

I represent: ASTORIA / Queens SHAREing + CAREing

Address: 45-02 Ditmars Blvd, Astoria, NY 11105

**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: 3/20/18

(PLEASE PRINT)

Name: Donna Tilghman

Address: (SAPIS)

I represent: Local 372, DC 37

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: 3/20/18

(PLEASE PRINT)

Name: Mr. Kevin Allen

Address: (SAPIS)

I represent: Local 372, DC37

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: _____

(PLEASE PRINT)

Name: Terri Wilder

Address: 101 W. 90th St. #11K NY, NY 10624

I represent: #NY MEACTION

Address: same

**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: _____

(PLEASE PRINT)

Name: Anthony Feliciano - Commissioner of the Public Health System

Address: _____

I represent: _____

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: MARCH 20, 2018

(PLEASE PRINT)

Name: Alison Vassung

Address: _____

I represent: GOD'S LOVE WE DELIVER

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: 3/20/18

(PLEASE PRINT)

Name: Erica Lessem

Address: 90 Broad St. Suite 2503, New York, NY, 10004

I represent: Treatment Action Group City

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: 3/20/18

(PLEASE PRINT)

Name: Joel Ernst

Address: 119 W 71st St Apt 4A, New York City

I represent: _____

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: _____

(PLEASE PRINT)

Name: Stephanie Ruiz

Address: 53 Deicke Court Staten Island NY 10304

I represent: LiveOnNY

Address: 49 West 45th St New York, NY

**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: 3/20/18

(PLEASE PRINT)

Name: Micah Bookman

Address: 454 Manhattan Ave

I represent: Promise Academy

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: _____

(PLEASE PRINT)

Name: Elaine Budrecki Hunter

Address: 214 W 94th St, 10th Fl NY NY 10025

I represent: Samaritans Suicide Prevention Center

Address: 1259 Madison Square Station, NY NY 10029

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: 3/20/18

(PLEASE PRINT)

Name: MICHAEL RODGERS

Address: 156 W 56th St NY NY 10019

I represent: NEW YORK ROAD RUNNERS

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

MICHAEL RODGER Date: 3/20/18

(PLEASE PRINT)

Name: PHYLICIA CANNON

Address: 77 POWERS ST BROOKLYN, NY 11211

I represent: Student, with New York Road Runners

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: _____

(PLEASE PRINT)

Name: TAMMY ~~YUEN~~ YUEN

Address: _____

I represent: ACCESS HEALTH NYC / YWCA OF QUEENS

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: _____

(PLEASE PRINT)

Name: ENRIQUETA JERVES

Address: _____

I represent: ACCESS HEALTH NYC / HANAC

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: _____

(PLEASE PRINT)

Name: YISABEL ABEL

Address: NORTHERN MANHATTAN IMPROVEMENT CORPORATION

I represent: ACCESS HEALTH NYC

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: _____

(PLEASE PRINT)

Name: ASHAULTI CASTRO

Address: _____

I represent: BOOM! HEALTH / ACCESS HEALTH NYC

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: _____

(PLEASE PRINT)

Name: SUZANNE ROBINSON DAVIS

Address: ACCESS HEALTH NYC

I represent: BODFORD-STUYVESANT FAMILY HEALTH CENTRAL

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: _____

(PLEASE PRINT)

Name: MAHA ATTICH

Address: ACCESS HEALTH NYC

I represent: ARAB AMERICAN FAMILY SUPPORT CENTER

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: _____

(PLEASE PRINT)

Name: CLARA LONDONG

Address: ACCESS HEALTH NYC

I represent: ACCESS HEALTH NYC / PLAZA DEL SOL

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: _____

(PLEASE PRINT)

Name: MAX HADLER

Address: _____

I represent: ACCESS HEALTH NYC / NEW YORK IMMIGRATION COALITION

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: _____

(PLEASE PRINT)

Name: Chris Widelo

Address: 250 3rd Ave 31st Floor 10017

I represent: AARP

Address: SMP

**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: _____

(PLEASE PRINT)

Name: ASWANI PORIYASAMY

Address: _____

I represent: ACCESS HEALTH NYC / FPWA

Address: 40 BROAD ST, NY, NY 10001

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: _____

(PLEASE PRINT)

Name: Corinne Schiffert

Address: Dept. of Commissioners

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: _____

(PLEASE PRINT)

Name: Sonia Angil

Address: _____

I represent: Dept of Health: Mental Hygiene

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: _____

(PLEASE PRINT)

Name: Alexandra Barbot

Address: First Deputy Commissioner

I represent: DOHMH

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: _____

(PLEASE PRINT)

Name: Dr. Mary T. 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: _____

(PLEASE PRINT)

Name: Sally Rozza

Address: Deputy Commissioner, Finance

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: 3/20/18

(PLEASE PRINT)

Name: Barbara Sampson

Address: ~~520~~ 520 First Ave NY, NY

I represent: OCME

Address: 520 First Ave NY, NY

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: Mar 20, 2018

(PLEASE PRINT)

Name: David T McCann

Address: _____

I represent: OCME

Address: 421 E 26th St. NYC, NY

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: _____

(PLEASE PRINT)

Name: Dina Maniotis

Address: 30-50 21st St. Astoria

I represent: OCME

Address: 491 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: _____

(PLEASE PRINT)

Name: Demetrios Deskelis

Address: Deputy Commissioner

I represent: DOHMH

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: 3-20-2018

(PLEASE PRINT)

Name: Florence Hubner

Address: 421 E 26th St

I represent: OCME

Address: same

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