



New York City Council Hearing

FY26 Executive Budget Hearing

Committee on Hospitals

Mitchell Katz, MD

President and Chief Executive Officer

NYC Health + Hospitals

May 22, 2025

Good morning Chairpersons Brannan, Narcisse, and members of the Committees on Finance and Hospitals. I am Dr. Mitchell Katz, primary care physician and President and CEO of NYC Health + Hospitals (“Health + Hospitals”). I am joined today by John Ulberg, Senior Vice President and Chief Financial Officer at Health + Hospitals, and Dr. Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services (CHS).

Health + Hospitals’ Executive Plan builds on our January Plan as the system continues to maintain our fiscal stability though ongoing challenges and uncertainty, especially externally remain. This includes including the expected timing of federal reimbursements, ongoing cost challenges related to inflation and staffing pressures, and federal Disproportionate Share Hospital (DSH) cuts. We also continue to evaluate the financial and programmatic impact of the recently enacted SFY25-26 State budget as well as proposals being released in Washington.

In our Executive Plan, we project that we will close FY25 with a closing cash balance of approximately \$598 million, or approximately 20 days cash-on-hand, and at a break-even operating margin for the year, all in line with our historical performance.

Looking at our additional metrics, I can report the following good news:

- We have closed March 2025 with a positive Net Budget Variance of \$167 million due to continued strong patient care revenue and risk pool performance.
- Our direct patient care revenue through March is \$779 million higher than the same period in FY24 continuing the pace of positive performance that we have achieved in the past several years as well as cash timing impacts we faced in FY24. We also continue to see growth in our patient care volume throughout the system.

- Finally, our Strategic Financial Initiatives remain on track and we are on target with our \$231 million incremental target for FY25.

In the Executive Budget, we were grateful to receive \$3.6 million in funding to continue the Mental Health Continuum initiative in FY26 with our partners from DOE and DOHMH. I am also very proud to share that we've been able to hire more than 600 nurses since the start of FY25, resulting in nearly 10,400 full- and part-time nurses across our System.

Nonetheless, as we said last year, there still remains major external uncertainty at the state and federal levels. Our team is assessing the impact of the newly enacted State budget but we can share that we are grateful to our champions and partners in Albany for their support of rate increases and investments as well as a continued focus on quality and value-based care. We do have continued concerns about enacted provisions that alter the amount and distribution structure for DSH funds and its interaction with other federal supplemental Medicaid funding. We continue to work with the State on proposals that will mitigate the risk and avoid major funding reductions to H+H but this risk remains.

On the national level, we are evaluating the recently released proposals by the House, including provisions related to Medicaid, Essential Plan, and Marketplace funding access. As the largest municipal safety-net system, we are focused on fiercely advocating against any proposal that would impact the ability for our patients to receive the high-quality, essential care they deserve. We continue to work with the NYC Congressional delegation in an effort to avoid harmful cuts. We also continue our ongoing advocacy to continue to delay federal DSH cuts that are now slated to begin October 1, 2025. We were grateful that they were again delayed by

Congressional action late last year thanks to our strong partners in Washington. As we continue to navigate this period of uncertainty, and we thank the Council for their continued advocacy on our behalf.

As we look to the out years, we are currently projecting manageable operating losses that we will continue to work to address. We continue efforts to mitigate the impact of the DSH cuts. We have continued to increase internal Strategic Initiatives and we also ask the Council for their continued strong advocacy on our behalf increasing Medicaid reimbursement rates and to fight the continued delay or elimination of these harmful cuts, slated to begin October 1, 2025. Day to day, we also continue to contend with the challenges of our physical plant and infrastructure needs. We are grateful to so many of you and other elected officials for your financial support for our capital needs, which are always top of mind for us.

I want to reiterate from our preliminary budget hearing, that through every challenge – whether from shifting political landscapes or unforeseen crises – our commitment to New Yorkers remains unwavering. We stand steadfast in our mission, ensuring that every decision we make is rooted in what is best for our patients. We will continue to provide the highest standard of care, guided by compassion, integrity, and an unshakable dedication to doing what's right.

I am grateful to these Committees for your tremendous support of NYC Health + Hospitals. I am happy to answer any questions you may have.

**New York City Council FY2026 Executive Budget Hearing
Committee on Finance and Committee on Hospitals
New York City Health + Hospitals
Thursday, May 22, 2025**

Testimony of the New York State Nurses Association

Submitted by: Pat Kane, RN, Executive Director

The New York State Nurses Association is a leading active for universal access to high quality healthcare and represents more than 42,000 registered nurses in collective bargaining across New York, including more than 10,000 RNs working at NYCHH and the midwives of North Central Bronx and Jacobi hospitals employed by PAGNY.

NYSNA recognizes that the NYC Health + Hospitals (NYCHH) system is the backbone of the City's healthcare system, providing almost 20% of inpatient bed capacity, and providing a disproportionate share of care for the City's Medicaid, uninsured and immigrant population. NYCHH also provides a disproportionate share of Level I emergency trauma services, inpatient and outpatient psychiatric care, and maintains a large primary care network. NYCHH is, in short, the backbone of the City's healthcare system and City funding is vital to maintaining its critical role in providing care for New Yorkers.

We have reviewed the Mayor's FY2026 budget proposal and are pleased that the City continues to provide strong support for NYCHH's operations and filling gaps in funding that result from insufficient Medicaid reimbursement rates and the costs of providing care to the uninsured.

While the FY2026 Executive Budget appears to show that funding for NYCHH is being substantially reduced from a modified budget of \$2.9 billion in FY2025 to \$1.7 billion (including \$1.56 billion in City Funds) in FY2026, we are heartened that \$1.2 billion in cuts are entirely the result of reductions in appropriations to NYCHH to provide healthcare and other services to asylum seekers and the termination of various federal COVID emergency programs that are being wound down.

The Mayor's Executive budget proposal continues to provide high levels of operating support to the system, including \$186 million in unrestricted subsidies, \$100 million to support NYC Health (providing access to care for the uninsured), \$17 million to cover malpractice lawsuits, \$855 million to defray the costs of collective bargaining agreements with NYSNA and other unions (an increase of \$157 million over FY2025 levels), \$62 million to defray increased fringe benefit costs

for workers, \$358 million in debt service costs, and \$2.8 billion in capital commitments for FY2025-2029.

Notwithstanding the continued operating support, which accounts for more than 10% of the system's operating costs (the rest is covered by Medicaid, Medicare, Essential Plan and private insurance reimbursements for services), however, NYSNA has the following concerns related to the Mayor's Executive Budget proposed FY2026 appropriations for NYCHH:

1. Looming Federal cuts to Medicaid, the Essential Plan and healthcare coverage

The Trump administration's reconciliation bill that was passed by the Republican-controlled House of Representatives this week includes at least \$625 billion in Medicaid cuts over the next ten years, and also includes provisions to prohibit or penalize states that provide health services to immigrants, impose "work requirements" and other bureaucratic requirements to drive people off their health coverage and increase the ranks of the uninsured, reduce coverage for reproductive healthcare, ban coverage of gender affirming care, and slash federal funding for New York's Essential Plan and ACA subsidies for private coverage. The State estimates that these changes could cost the State more than \$13 billion in federal funding and eliminate health coverage for more than one million New Yorkers.

Though the exact contours and extent of the healthcare reductions that the Trump administration and Republican-controlled Congress will be able to enact remain unclear, we do know that NYCHH and the broader healthcare system will be facing catastrophic cuts.

While we understand that the City and the State will be hard pressed to fill these huge holes in our healthcare funding system, we believe that the City Council should take measures now to help insulate NYCHH and preserve its vital services, including the following:

- Increase funding for NYC Health, which has remained frozen at \$100 million per year since it was introduced by the DeBlasio administration, to allow NYCHH the ability to deal with the surge in the number of uninsured;
- Increase the unrestricted subsidy for NYCHH to give it more reserves to address federal cuts;
- Restore and increase funding to support mental health programs, as recommended by the City Council in its response to the Preliminary Budget, including increased baseline funding for the Mental Health Continuum program, the program to provide mental health services in all NYCHH peri-natal units, and School-Based Health Clinics to improve mental health services for peri-natal patients and students;
- Allocate funds from the City's \$8.5 billion in reserves to respond to critical healthcare service disruptions that might follow from federal actions;
- Work with the State to consider ways to increase state and local revenues by making corporations and the ultra-wealthy pay their fair share of taxes to support healthcare and other vital services, in the fiscal context of slashed funding for healthcare being used to lower their already inadequate taxes; and,

- Work with the State to restructure healthcare funding and reimbursements in a way that shifts money from wealthy provider systems to protect the safety-net.

2. Address ongoing recruitment and retention issues in the RN and healthcare workforce

The City Council played a key role in helping to convince the City and NYCHH to address chronically low pay rates for RNs that made recruitment difficult, drove extremely high turnover rates, contributed to poor staffing that undermined patient care, forced NYCHH to rely on extremely expensive and inefficient temporary staffing agencies and traveler nurses, and wasted scarce funding and resources. The new NYSNA collective bargaining agreement for NYCHH nurses substantially increased RN pay rates and brought NYCHH rates close to parity with private sector hospitals.

By reaching pay parity with the private sector (or close to it), NYCHH was able to improve staffing and patient care, and the RN workforce has increased from 7,900 in 2023 (before the new contract was negotiated) to more than 10,300 in 2025, substantially reducing the systems costs and the disruptive effects on the workforce of overreliance on temporary staffing. Similar patterns were evident among physicians and other staff titles as they too settled contracts that improved pay rates, with the NYCHH total headcount rising from 36,741 in 2023 to more than 42,000 in 2025.

The tremendous progress in staffing levels and patient care, and the increasing stability of the RN workforce, however, is now being undermined by NYCHH leadership's ill-considered efforts to arbitrarily disregard long-standing policy and rules relating to the use of sick time.

In late 2024, NYCHH changed its long-standing application of sick time usage rules to discipline nurses arbitrarily and punitively for the mere act of calling out when they are sick. This sudden and unsupported change in policy is pressuring RNs to work while sick, threatening the health and safety of both staff and patients.

RNs already suffer from among the highest rates of workplace violence, exposure to communicable diseases and other environmental hazards at work, and musculoskeletal injuries of any job title. RNs and other healthcare workers have extremely stressful jobs and are more likely to get sick at work.

The new punitive and arbitrary sick leave policy being enforced by NYCHH adds to the stresses and threats faced by the RN workforce, undermines morale and productivity, and threatens the health of nurses. In pursuing this course of action, NYCHH is also undoing the gains in staffing and RN recruitment and retention that resulted from the recent collective bargaining agreement.

NYCHH claims that it "staffs to census" and that unexpected sick calls disrupt unit staffing and negatively affect patient care, thus justifying its punitive measures targeting nurses solely for becoming sick and calling out.

Employee sick calls are foreseeable and part of the regular course of business in healthcare settings, and can be easily addressed using float pools, calling in per diems or temps to cover for sick nurses, or offering overtime shifts to staff.

Making nurses work while sick and threatening them with discipline will only increase workforce stress, lead to lower retention of staff and undo the progress made under the new agreement.

We also note that this abuse of RN staff is violative of the spirit of the recent paid leave laws enacted by the state legislature and the city council, both of which guarantee *private sector* employees the right to use paid sick leave and prohibit employer retaliation or evasion of the law.

We would urge the City Council to consider local legislation to extend the application of the law to public sector employees in NYCHH and other healthcare settings.

3. Lessen the use of subcontracted professional providers and reign in abusive practices

NYCHH over-relies on subcontractors to provide medical, nursing and other professional service providers. These contractors are expensive, costing the system billions of dollars, and raise a host of other issues that undermine the efficiency of the workforce.

The private contract service providers may pursue their own organizational goals of maximizing their own revenues at the expense of NYCHH, divert or encourage patients to seek services (particularly in more profitable service lines) from other providers or systems with which they are affiliated, and otherwise act against the interests of NYCHH, its patients and its workforce.

NYSNA is currently involved in frustrating contract negotiations with PAGNY, which provide medical and other professional services to NYCHH at Jacobi and North Central Bronx, including midwives working in those hospital's midwifery and peri-natal services.

The PAGNY midwives are on the frontlines of the fight to improve maternal health and mortality. The Bronx currently has some of the highest maternal and infant mortality rates in New York state. The PAGNY midwives who work at Jacobi and North Central Bronx handle nearly all vaginal births, assist with C-sections, and are essential to the functioning of labor and delivery at these hospitals.

Despite the vital role that they play, PAGNY midwives make substantially less than midwives who are directly employed by NYCHH, have inferior pension and health benefits, and struggle with understaffing and the pressure to care for too many patients in too short a time.

These poor working conditions lead to chronic understaffing and high turnover rate, forcing the midwives to work long, exhausting overtime shifts, and undermining the quality of care and education that midwives should provide to their patients.

PAGNY has dragged the negotiations out and has failed to make a fair offer to settle the midwives contract, and the staff's frustration with PAGNY and on May 15th they voted overwhelmingly to authorize a strike after PAGNY failed to address their demands of safer staffing.

NYCHH's use of PAGNY as a contractor to provide midwifery and other services has created a two-tier system in which PAGNY midwives make less than NYCHH's directly employed midwives. The situation is further exacerbated by what amounts to dual employment – PAGNY points the finger at NYCHH, claiming

that they cannot reach a fair deal without their approval, while NYCHH simultaneously claims that it has no control over its contractor.

The City Council should demand that NYCHH reduce the use of sub-contractors like PAGNY and shift to more direct employment of midwives, nurses and other staff. The Council should also examine the cost effectiveness of the use of subcontractors, their impact on the stability of the workforce, and how quality of care and health equity in the Bronx is affected by the privatization of public hospital services.



Advocates for Children of New York

Protecting every child's right to learn

Testimony submitted to the New York City Council Committee on Finance and Committee on Hospitals

Re: Fiscal Year 2026 Executive Budget – Mental Health Continuum

May 22, 2025

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Melkis Alvarez-Baez, *Secretary*

Thank you for the opportunity to submit testimony on the Fiscal Year 2026 Executive Budget. For more than 50 years, Advocates for Children of New York (AFC) has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds.

Each year, AFC works with students who have significant mental health challenges and who have been unable to access the mental health services they need to be successful in the classroom. We are pleased that the Executive Budget restores funding (\$5 million) for the Mental Health Continuum for FY 26. We urge the City to go further and baseline funding for this crucial program so that students, families, clinicians, and school communities will know that they can rely on its services beyond FY 26.

The **Mental Health Continuum** is a cross-agency partnership between New York City Public Schools (NYCPS), NYC Health + Hospitals (H+H), and the NYC Department of Health & Mental Hygiene (DOHMH). This innovative model, which was highlighted in the Mayor's Mental Health Plan and the City Council's Mental Health Roadmap, supports over 20,000 students at 50 schools in the Bronx and Brooklyn through school partnerships with H+H mental health clinics that provide expedited access to mental healthcare, dedicated staff to provide students with timely access to mental health services, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, and training for school staff in Collaborative Problem Solving to build their capacity to address student behavior. Funding also supported the opening of 16 school-based mental health clinics at Mental Health Continuum schools, providing over 5,500 students with access to care onsite. The Mental Health Continuum is designed to ensure that each school can offer students and families welcoming, affirming and culturally responsive mental health services.



While many schools offer other social-emotional and mental health supports, the Mental Health Continuum is unique in its comprehensive, integrated model and in its capacity to connect students with significant needs to expedited mental healthcare.

We are pleased that the FY 26 Executive Budget extends funding for the Mental Health Continuum for one more year, ensuring it can continue through June 2026. However, when it comes to mental health services, continuity of care is essential. Baselined funding would allow the three city agencies leading this program to develop a long-term plan to make the Mental Health Continuum as effective as possible while also assuring students, families, and school communities that this program will continue to be here for them in future years. We appreciate the instrumental role the Council has played over the years in securing funding for the Mental Health Continuum and making this vital initiative a reality. While we are relieved the Mental Health Continuum will continue next year, we urge the Council to work with the Administration to **ensure the adopted FY 2026 budget baselines \$5M (NYCPS: \$787K, H+H: \$3.74M, DOHMH: \$472K) to sustain the Mental Health Continuum** long term so that students can continue to receive the mental health support they need to learn.

We are attaching Advocates for Children's full budget priorities. We look forward to working with you as the budget process moves forward. Thank you for the opportunity to submit testimony.



ADVOCATES FOR CHILDREN OF NEW YORK

City Education Budget Priorities for FY 2026

We are pleased that the Executive Budget restores funding for 3-K and preschool special education classes, community schools, the Mental Health Continuum, restorative justice, and other key programs currently supported by expiring one-year city funds. We urge the City to go further and baseline funding for important programs currently restored for FY 2026 only: summer programming (\$80M), Learning to Work (\$31M), Promise NYC (\$25M), restorative justice (\$6M), the Mental Health Continuum (\$5M), early childhood education outreach (\$5M), and immigrant family outreach (\$4M). The City should also extend and baseline funding for Student Success Centers (\$3.3M), which were left out of the Executive Budget entirely and are at risk of being rolled back or eliminated as soon as July.

While ensuring that existing initiatives remain funded at their current levels is important, simply maintaining the status quo is not sufficient, given the pressing unmet needs we see on the ground in our work with families every day. We urge the City to keep moving forward and make the following targeted investments to address outstanding needs:

- Provide preschoolers with disabilities with the evaluations, services, and classes they need (\$70M) and extend enhancements of the recent early childhood labor agreement to staff at preschool special education programs at community-based organizations.
- Expand access to one-on-one or small group support for students who need more help learning to read (\$17.5M).
- Enhance services at school-based mental health clinics (\$3.75M).
- Increase funding for immigrant family communication and outreach to help meet the growing need (an additional \$3M, for a total allocation of \$7M).
- Make more schools accessible to students, parents, educators, and community members with physical disabilities (\$450M in capital funding over five years).

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Provide preschoolers with disabilities with the evaluations, services, and classes they need (\$70M) and extend enhancements of the recent early childhood labor agreement to staff at preschool special education programs at CBOs.

Parents know that the preschool years provide a critical window for addressing developmental delays, but thousands of them hit a wall when trying to secure the most basic services for their children. Forty-five percent of preschoolers with IEPs—more than 14,400 children—ended the 2023–24 school year without ever receiving at least one of the types of services the City was legally required to provide. This year, we have continued to hear from numerous families whose

preschoolers are waiting for their services to begin, as well as families unable to get an appointment for a preschool evaluation in the first place. In fact, as of March 2025, more than 600 children were waiting for seats in their legally mandated preschool special education classes and more than 7,900 preschoolers with IEPs were waiting for at least one of their legally mandated part-time services, like speech therapy or counseling, to begin. More than half of those children—4,500 preschool students—were receiving *none* of their mandated services at all. In addition to the harm to children, we have seen the emotional and financial toll placed on families struggling to remain in the City and get their children the help they need.

We appreciate that the City has baselined \$55M to maintain the new preschool special education classes that opened this year. However, as the City Council noted, this investment “leaves out necessary funding for special education services required by law for children in general and integrated classrooms.” The funding is not sufficient to meet the need for evaluations, services, and classes.

The City must address these legal violations and ensure young children with disabilities and their families are not left waiting for the help they need. The City should invest and baseline at least \$70M to provide preschoolers with evaluations, services, and classes by taking steps such as launching more NYCPS evaluation teams; hiring more Committee on Preschool Special Education (CPSE) staff to help parents with the evaluation and Individualized Education Program (IEP) meeting process; hiring more NYCPS service providers and teachers; and allocating funding to NYCPS Pre-K Centers and schools with 3-K and Pre-K programs so that young children receive their special education services where they go to preschool.

In addition to this investment, the City should extend the enhanced provisions of the early childhood education labor agreement reached this fall to staff at preschool special education programs at community-based organizations. While AFC has no vested interest in teacher compensation, we are very concerned about the implications of returning to a system where preschool special education teachers are the lowest paid teachers in New York City, despite working with children with some of the most intensive needs—including children with severe autism, serious medical conditions, or significant behavioral needs—and doing so over the twelve-month school year. Continuing to exclude teachers of preschool special education classes from the agreement will likely result in teachers leaving for higher paid jobs, classes closing, and even more children sitting at home in violation of their legal rights.

As recently [recommended by more than 80 organizations](#), the City should invest and baseline at least \$70M to address the systemic failure to provide preschoolers with disabilities with the evaluations, services, and classes they need and should extend the enhancements of the recent early childhood labor agreement to staff at preschool special education programs at CBOs to help address the shortage of preschool special education classes.

Expand access to one-on-one or small group support for students who need more help learning to read (\$17.5M).

Far too many NYC students struggle to become skilled readers: less than half of all students in grades 3–8, including only 37% of Black and Hispanic students and 21% of students with disabilities, are reading proficiently, according to the 2024 State tests. In 2023, the City launched NYC Reads, an ambitious effort to overhaul reading instruction, beginning in grades K–5. This initiative, which has

now rolled out Citywide, requires each community school district to choose one of three pre-approved reading curricula to use in all its elementary schools; in the past, individual schools had free reign to choose their own curricula, resulting in widespread use of ineffective programs. While there is still much work to do to help schools implement new curricula to their maximum effectiveness, including continuing the job-embedded training critical to the initiative's success, NYCPS must also prioritize improving systems of support for struggling readers. Even when core instruction in the early grades is strong, there will always be a subset of students who need more individualized attention and targeted instruction. At AFC, we continue to hear from families of students across grade levels who have dyslexia or other reading difficulties and have been unable to access the help they desperately need. Often, we need to take legal action to help them obtain intensive private tutoring due to difficulties finding effective reading interventions in the public schools.

Building a robust system of intensive intervention and support for students struggling with reading is a necessary piece of the puzzle. While some schools have already started offering evidence-based reading interventions that align with the approved core reading curricula, many others need to buy new materials and train educators in delivering the new programs. In addition, schools must have sufficient staff capacity to provide intervention to all students who need it. While schools receive a yearly allocation for Academic Intervention Services (AIS), these funds are rarely sufficient to hire a full-time staff member and must cover intervention in both reading *and* math. In fact, there are almost 500 schools that each received less than \$15,000 this year for AIS. Increasing that allocation and providing additional money for curricular materials and training would help schools ramp up to address the needs of struggling readers.

The City should invest and baseline at least \$17.5 million to help schools deliver one-on-one or small group intervention to more students who need extra help learning to read.

Enhance services at school-based mental health clinics (\$3.75M).

Children are facing a well-documented mental health crisis. School-based mental health clinics (SBMHCs) provide on-site mental health services to children during the school day, including psychiatry, medication management, family peer support, youth advocacy, and counseling. SBMHC staff work closely with school staff to identify children in need and coordinate services. SBMHCs work to engage the whole family and can serve family members at their community location. SBMHCs provide crisis mental health services, helping to ensure children receive a supportive response when they are in need and reducing the use of suspensions and punitive disciplinary measures.

Currently, most funding for SBMHCs comes from Medicaid, which does not adequately cover the range of supports and services that students and school communities need. Supplemental funding is needed to provide additional services, such as consulting on specific behavioral supports for classrooms, working as part of a school's crisis response team, providing support to the full school staff on behavior support, and being on call to de-escalate crises.

Providing existing school-based mental health clinics with supplemental funding to help fill this gap would allow clinics to better integrate into school communities and better support students with behavioral and mental health challenges. The City should invest and baseline at least \$3.75M, as included in the City Council's response to the Preliminary Budget, to provide the additional resources these SBMHCs need.

Increase funding for multi-faceted immigrant family communication and outreach to help meet the growing need (\$3M).

This initiative strengthens New York City Public Schools' (NYCPS') communication with immigrant families—many of whom would otherwise be left without important information—by using local ethnic media to share school-related updates, sending paper notices to families' homes, reaching families via phone calls and text messages, helping schools bolster their translation and interpretation systems, and collaborating with immigrant-facing community-based organizations to create and launch information campaigns. This work is currently supported by \$4M in one-year city funding, and we are pleased that the Executive Budget extends this funding for FY 2026. However, given the increase in the number of newly arrived immigrant families in New York City, it is critical for this initiative to not only continue but grow stronger, particularly at a time when changes in federal policies could lead families to keep their children out of school or avoid accessing educational services for which they are eligible.

In addition to baselining the current \$4M budget, the *City should invest an additional \$3M (for a total allocation of \$7M) to help meet the growing need for translation and interpretation and to help ensure information—including information about the rights of students with disabilities—reaches families who speak languages other than English via comprehensive information campaigns.*

Make more schools accessible to students, parents, educators, and community members with physical disabilities (\$450M in capital funding over five years).

More than 30 years after the Americans with Disabilities Act (ADA) prohibited discrimination on the basis of disability, physical barriers to full inclusion remain widespread in New York City's schools—and as a result, New Yorkers with disabilities continue to be excluded from buildings that are central to public life. In fact, only about a third of schools are fully accessible to students, teachers, parents, and community members with disabilities.

Five years ago, the situation was much worse—fewer than one in five schools was fully accessible as of the start of the 2018–19 school year—and New York City invested a historic \$750 million in the 2020–2024 Capital Plan to improve school accessibility. While this funding has enabled significant progress, there is much work left to do: NYCPS itself estimated that it would take \$1 billion in each of the next four five-year plans to reach “maximum practical accessibility” by 2045.

At a minimum, the City must make the investments necessary to keep pace with the work done over the past five years. The 2025–2029 Capital Plan currently includes \$800 million for school accessibility projects, an amount that represents a *decreased* commitment to improving school accessibility once inflation is taken into account. We thank the Council for calling on the Administration to increase this investment by \$450 million so that more students can fully participate in their school communities.

The City should allocate an additional \$450 million—for a total investment of \$1.25 billion—for school accessibility projects in the 2025–2029 Capital Plan, with the goal of making at least 45% of buildings that serve as the primary location for a school fully accessible by 2030.

CalLEN-LORDE

**NEW YORK CITY COUNCIL BUDGET and OVERSIGHT HEARING
PRELIMINARY BUDGET for FISCAL YEAR 2026
COMMITTEE ON HOSPITALS
May 22, 2025**

**WRITTEN TESTIMONY ON BEHALF OF CALLEN-LORDE
Submitted by Alexander B. Harris, MPH, CPH
Interim Manager for Public Policy and Advocacy**

Good afternoon and thank you to Chairperson Narcisse and Members of the Committee. My name is Alexander Harris, and I am the Interim Manager for Public Policy and Advocacy at Callen-Lorde Community Health Center. I use he or they pronouns. Feel free to call me Ali. Thank you for the opportunity to testify today on behalf of our patients and staff.

Callen-Lorde is a global leader in LGBTQ+ healthcare, providing sensitive and quality care to more than 23,000 LGBTQ+ New Yorkers as well as individuals in the surrounding region, regardless of their ability to pay. As a Federally Qualified Health Center, Callen-Lorde is a safety net provider that offers essential services such as primary care, behavioral health, dental, care coordination, and health insurance navigation, and referrals to appropriate external services. In 2024, we served more than 8,000 transgender and gender non-binary patients, which is 37 percent of our total patient population. More than 70 percent of our patients who are 13 to 24 years old are transgender and gender nonbinary. We have received international recognition for our expertise in transgender health and have helped set the international standards for gender-affirming care through clinical policy development, public policy and advocacy, and community stakeholder mobilization. Our practice is also the largest non-hospital-based HIV service provider in New York, with 19 percent of our patients living with HIV. We provide 15 percent of the state's PrEP prescriptions. Over 40 percent of our patients are beneficiaries of Medicaid, and 24 percent are homeless or unstably housed. Callen-Lorde serves communities that have been systemically excluded from healthcare, housing, and economic stability. These are our people and our staff is representative of those we serve.

I would like to focus my testimony today on our collective responsibility to protect all New Yorkers and our potential to offset the immediate harm facing our TGNCNBI communities. Since 2015, the number of proposed anti-transgender bills has risen from 21 bills annually to 905 in 2025 alone, catalyzed in 2022 with a nearly 100-fold increase in proposed bills, many of which seek to defund, prohibit, and criminalize medically necessary, gender-affirming care.¹ The nationwide assault on gender-affirming healthcare and the dignity of TGNCNBI people affects even the most supportive of places, and New York City, despite our immense progress, is not immune to its effects. Now, looming Medicaid cuts, prohibitions of coverage for gender-affirming care, changes to essential health benefits in ACA marketplace plans, and restrictions to the provision of medically necessary, gender-affirming care all put NYC's TGNCNBI communities at risk of losing the means for their survival. The existential threat they face now is both intense and unyielding; our TGNCNBI patients and staff currently live in a state of fear, abject panic, and persistent vigilance. Over the past four months alone, we have

¹ Trans Legislation Tracker. <https://translegislation.com/> (last visited May 12, 2025)

witnessed how federal policy changes, executive orders, administrative downsizing, programmatic budget cuts, and terminations of research grants signal a clear intent to dismantle progress made by TGNCNBI people to live their fullest lives. At Callen-Lorde, we are doing our best to help our patients cope: our waitlist for psychotherapy has grown exponentially since November 2024, our requests for surgical referrals grow more urgent, and requests for legal support have tripled.

As our TGNCNBI communities become more vulnerable, our healthcare and social service organizations face a significantly higher burden to meet the demand with diminished financial resources. NYC's safety net institutions, like Callen-Lorde, cannot offset these harms. Federal governmental resources that our organizations have historically relied upon supporting LGBTQ+ healthcare^{2,3} HIV prevention^{4,5}, and health research^{6,7} have stagnated, or have effectively been dismantled or defunded. **Since January 2025, Callen-Lorde has already lost a \$500,000 annually for programming and \$1.5 million in research grants specifically for trans-specific HIV prevention, mostly focusing on adolescents ages 13-24.** While these changes are national, we expect that dedicated funding for transgender and gender-diverse New Yorkers will further dwindle across all medical, behavioral, and social services; if these changes persist, their impact and NYC's ability to respond to them, will be felt for decades to come.

Callen-Lorde and other Federally Qualified Health Centers must see all patients who walk through our doors, independent of their insurance status or ability to pay. Currently, 10% of our patients are completely uninsured; reimbursement from commercial and public health insurance plans help offset the cost of care for our uninsured patients. Over half of our patients rely on Medicaid coverage to fund their care, including our TGNCNBI patients seeking gender-affirming services, including hormone therapy, prescriptions management, laboratory monitoring, behavioral health, surgical referrals, care coordination, and referrals to culturally responsive social service organizations. If the proposed congressional budget reconciliation bill is signed into law, Callen-Lorde could potentially lose millions of dollars in revenue, in part, due to the two harmful provisions specifically prohibiting:

- Medicaid and CHIP funding for 'gender transition procedures' (for both adults and youth) (Section 44125); and
- ACA Marketplace plans from including "coverage of gender transition procedures" as an essential health benefit (EHB) for expansion adult coverage (Section 44201)

Effectively, these changes would render all visits related to gender-affirming care unbillable for our TGNCNBI patients insured by Medicaid. To add insult to injury, we expect that anywhere from 22-30% of our patients insured through Medicaid will be at risk of losing their coverage under the proposed "Big Beautiful Bill," if signed into law, raising the number of our uninsured patients substantially (with fewer resources to offset the associated added costs).

² Ungar, R. (2025, May 13). LGBTQ research grants abruptly terminated under Trump administration, raising concerns among scientists. AP News. <https://apnews.com/article/lgbtq-research-grants-terminated-trump-5b2810312de1420ca3df875314b0a1e9>

³ Kaiser Family Foundation. (2024, January 19). Overview of President Trump's executive actions impacting LGBTQ+ health. KFF. <https://www.kff.org/other/fact-sheet/overview-of-president-trumps-executive-actions-impacting-lgbtq-health/>

⁴ Goldhill, O. (2025, March 26). 'Devastating consequences': Inside the Trump administration's impact on the CDC's Division of HIV Prevention. STAT. <https://www.statnews.com/2025/03/26/cdc-division-of-hiv-prevention-trump-administration-consequences/>

⁵ Rummler, O. (2025, April 9). CDC cuts under Trump slowed crucial HIV research involving LGBTQ+ people, experts say. The 19th. <https://19thnews.org/2025/04/hiv-research-lgbtq-people-trump-cdc-cuts/>

⁶ Mueller, B. (2025, May 4). Trump administration slashes research into L.G.B.T.Q. health. *The New York Times*. <https://www.nytimes.com/2025/05/04/health/trump-administration-slashes-research-into-lgbtq-health.html>

⁷ Steenhuisen, J. (2025, May 8). Trump administration health research cuts total \$18 billion, analysis finds. Reuters. <https://www.reuters.com/business/healthcare-pharmaceuticals/trump-administration-health-research-cuts-total-18-billion-analysis-finds-2025-05-08/>

Despite these threats, Callen-Lorde remains open to all patients, regardless of their ability to pay. Each of our three clinic locations is accepting new patients.

We are not only worried about general access to gender-affirming care, but we fear that our efforts to mitigate health disparities faced by the LGBTQ+ New Yorkers will be affected. For decades, NYC has heavily invested in Ending the HIV Epidemic, through testing initiatives like [New York Knows](#), community stakeholder organizing like the [HIV Planning Council](#), health campaigns like DOHMH's "[Bare it All](#)" and the [Health Care Bill of Rights](#), and [provider education on HIV PrEP and PEP](#), all of which have contributed to lowering the number of HIV seroconversions and increasing the rate of viral load suppression in New Yorkers living with HIV. We already know that since New York started to offer coverage for gender-affirming care in 2015, TGNCNBI New Yorkers living with HIV were more likely to be virally suppressed in preparation for surgery AND sustained viral suppression after receiving surgical care.^{8,9} We fear that with prohibitions on Medicaid coverage for gender-affirming care through TGNCNBI New Yorkers living with HIV will experience increased viral non-suppression and therefore, at higher risk for complications associated with opportunistic infections.

We've made so much progress ending the epidemic; we cannot afford to go back.

In addition to improved HIV-related outcomes¹⁰, we know that coverage for gender-affirming care at Callen-Lorde is positively associated with decreased sexually transmitted infections¹¹ and lower rates of depression and anxiety¹². We can attest that when our TGNCNBI patients receive gender-affirming care, they are better able to manage their chronic health conditions and address acute medical concerns promptly. Gender-affirming care is life-saving and enables our TGNCNBI patients to not only survive but thrive.

The to act is now.

These changes pose a dire threat to transgender individuals of all ages in New York City, jeopardizing their access to essential healthcare and support. Beyond the devastating impact on TGNCNBI communities, these measures endanger medical providers who offer affirming care, putting them at legal and professional risk. The very sustainability of TGNCNBI-serving community health centers and organizations hangs in the balance, threatening to dismantle critical lifelines that countless individuals rely on for survival. The consequences will be catastrophic, undoing years of progress and leaving some of the city's most vulnerable populations without the care and resources they desperately need.

To protect access to care for our transgender and gender diverse communities in New York City, Callen-Lorde urges the New York City Council to:

⁸ Rodriguez-Hart, C., Zhao, G., Goldstein, Z., Radix, A., & Torian, L. (2023). An Exploratory Study to Describe Transgender People with HIV Who Accessed Medicaid and Their Viral Suppression Over Time in New York City, 2013-2017. *Transgender health*, 8(5), 429–436. <https://doi.org/10.1089/trgh.2021.0195>

⁹ Alcorn, K. (2021, March 9). Gender-affirming surgery associated with sustained viral suppression. *aidsmap*. <https://www.aidsmap.com/news/mar-2021/gender-affirming-surgery-associated-sustained-viral-suppression>

¹⁰ Reisner, S. L., Deutsch, M. B., Mayer, K. H., Potter, J., Gonzalez, A., Keuroghlian, A. S., Hughto, J. M., Campbell, J., Asquith, A., Pardee, D. J., Pletta, D. R., & Radix, A. (2021). Longitudinal Cohort Study of Gender Affirmation and HIV-Related Health in Transgender and Gender Diverse Adults: The LEGACY Project Protocol. *JMIR research protocols*, 10(3), e24198. <https://doi.org/10.2196/24198>

¹¹ Reisner, S. L., Deutsch, M. B., Mayer, K. H., Pletta, D. R., Campbell, J., Potter, J., Keuroghlian, A. S., Hughto, J. M. W., Asquith, A., Pardee, D. J., Harris, A., Quint, M., Grasso, C., Gonzalez, A., & Radix, A. (2024). Decreased Anogenital Gonorrhea and Chlamydia in Transgender and Gender Diverse Primary Care Patients Receiving Gender-Affirming Hormone Therapy. *Journal of general internal medicine*, 39(7), 1164–1172. <https://doi.org/10.1007/s11606-023-08531-7>

¹² Reisner, S. L., Pletta, D. R., Keuroghlian, A. S., Mayer, K. H., Deutsch, M. B., Potter, J., Hughto, J. M. W., Harris, A., & Radix, A. E. (2025). Gender-Affirming Hormone Therapy and Depressive Symptoms Among Transgender Adults. *JAMA network open*, 8(3), e250955. <https://doi.org/10.1001/jamanetworkopen.2025.0955>

1. **Invest \$15M in gender-affirming care** to ensure access to medically necessary healthcare for NYC's TGNCNBI patients served by safety-net institutions like Callen-Lorde, contending with significant changes to Medicaid coverage and defunding of federal programs for LGBTQ health;
2. **Invest \$10M to expand housing opportunities for LGBTQ+ homeless youth** to increase the number of beds available and supportive social services. The number of LGBTQ+ youth coming to NYC will only increase as states continue to pass anti-LGBTQ+ policies;
3. **Increase investment in the Trans Equity Initiative.** Trans Equity programs enable Callen-Lorde and other organizations to allocate resources toward critical infrastructure and staffing, supporting the sustainability and expansion of TGNCNBI surgery navigation services. This initiative prioritizes the health and well-being of marginalized communities, ensuring equitable access to vital healthcare services and affirming diversity and inclusion. We urge the Council to support an increase in **\$10 million for the Trans Equity Programs Initiative, prioritizing BIPOC, trans-led organization.**

Thank you for your time and consideration. I am happy to answer any questions you may have.

CalLEN-LORDE

**NEW YORK CITY COUNCIL BUDGET and OVERSIGHT HEARING
PRELIMINARY BUDGET for FISCAL YEAR 2026
COMMITTEE ON HOPSITALS
May 22, 2025**

ORAL TESTIMONY DELIVERED BY ALEXANDER B. HARRIS, MPH, CPH

Good afternoon and thank you to Chairperson Narcisse and Members of the Committee. My name is Alexander Harris, and I am the Interim Manager for Public Policy and Advocacy at Callen-Lorde Community Health Center. *a community health center that provides affirming health care to the LGBTQ community and all regardless of ability to pay.* Feel free to call me Ali. Thank you for the opportunity to testify today on behalf of our patients and staff

Over sixteen years ago, I arrived in New York City in the middle of the Great Recession, with maybe \$200 in my bank account, a promise of a minimum wage job, and a friend's couch to sleep on for a few weeks. In this moment of my life, the only certainty I knew was that I needed to medically transition to survive whatever challenges came my way. Without health insurance benefits, Callen-Lorde enrolled me as a patient without hesitation; in addition to starting me on gender-affirming hormone therapy, I received essential services otherwise inaccessible to me. Thanks to gender-affirming care, I managed to obtain a master's in public health and give back to NYC's communities as a community-based health researcher, a public servant at the Department of Health & Mental Hygiene, program administrator, and a policy advocate for gender-affirming healthcare benefits. I am living testament to why gender-affirming care matters; without it, I would not be living a life of service to LGBTQ+ New Yorkers, let alone, speaking with you all here today.

Over the past four months, federal policy changes, executive orders, administrative downsizing, programmatic budget cuts, and research grants terminations demonstrate a clear message to transgender and gender-diverse communities right here in New York City; **we are not people and our lives are expendable.**

Due to these rapid changes, institutions like Callen-Lorde face new struggles in addition to supporting our transgender and gender-diverse patients living in a state of fear, abject panic, and sheer anxiety. Funding previously available for LGBTQ+ health, HIV prevention, and health research has evaporated; Callen-Lorde already lost a half-million dollars annually for programming and \$1.5 million in research grants specifically for trans-specific HIV prevention, mostly focusing on adolescents ages 13-24. We expect that dedicated funding for transgender and gender-diverse New Yorkers will dwindle further in across all social services.

With the proposed budget reconciliation bill in Congress, Medicaid cuts will devastate New York City's safety net institutions further; nearly 850,000 New York City residents (which translates to over 2,300 of our patients and millions in billable visits) lose their health insurance coverage

completely. Buried within the bill's reconciliation language are two harmful provisions specifically prohibiting:

- Medicaid and CHIP funding for 'gender transition procedures for minors;' and (*Section 44125*); and
- ACA Marketplace plans from including "coverage of gender transition procedures" as an essential health benefit (EHB) for expansion adult coverage (*Section 44201*)

We already know that investments gender-affirming care save the City money in the long term for some of our most vulnerable New Yorkers – health insurance coverage for gender-affirming primary, behavioral, and surgical care offsets costs associated with chronic health conditions and recurrent emergency hospital admissions. As evidence, our local data sources show that transgender and gender-diverse Medicaid recipients living with HIV receiving medically necessary care were significantly more likely to stay virally suppressed and manage their other chronic health conditions. The positive association is undeniable, as you will likely hear now and amongst other testimonies to this committee

Despite these threats to our patients, Callen-Lorde remains dedicated to serving over 23,000 LGBTQ+ patients annually, including more than 8,000 transgender and gender non-binary patients. While we remain steadfast in our mission, we cannot offset these harms without your support. I urge the New York City Council to invest:

1. \$15 million to safeguard gender-affirming care;
2. \$10 million to expand housing for LGBTQ+ youth;
3. \$10 million for a revitalized Trans Equity Fund - prioritizing trans-led organizations.

As New Yorkers, we all have an ethical responsibility to protect each other; we need our leaders to act now and refuse to accept this assault on our lives.

Thank you for your time. Callen-Lorde will provide its written testimony along with mine for the record. Thank you.

CIDNY Testimony on

Executive Budget: Hospitals

05/22/2025

My name is Mbacke Thiam. I am the Housing & Health Community Organizer at the Center for the Independence of the Disabled, New York (CIDNY). We are a disability-rights nonprofit organization founded in 1978. We are part of the Independent Living Centers movement, a national network of grassroots and community-based organizations that enhance opportunities for people with disabilities to direct their own lives. CIDNY advocates for people with disabilities living throughout the five boroughs of New York City. We hereby testify on the "Executive Budget on Hospitals."

Hospital Crisis

New York City's hospitals continue to face staffing shortages and the reasons why the shortages are continuously increasing are complex and varied. As thousands of healthcare workers retire, transition to new roles, switch industries, or simply quit their jobs, the healthcare landscape is shifting into an uncertain future. In the middle of this extreme crisis, hospitals like St. Vincent, Beth Israel, SUNY Downstate, and others are closed or planning to close. We are facing Federal cuts to Medicaid that will greatly impact the healthcare system for people with disabilities. Where will people with disabilities receive their physical healthcare and mental healthcare?

Beth Israel Closure & New York Eye and ear Infirmary at Risk

Mount Sinai initially planned to close the New York Eye and Ear Infirmary a couple of years ago. Thanks to our advocacy efforts, they backed out of that plan. In March of 2024, Mount Sinai began to close facilities, stopped providing services, and planned to entirely and permanently close Beth Israel Hospital in July of 2024 without a "fair and independent" **Health Equity Impact Assessment** [S1451A/A191](#). The planned closing procedure was not inclusive of people with disabilities and elderly patients who represent a huge percentage of the patients who used this facility. Arthur Schwarz, Esq, CIDNY's General Counsel, along with other health advocates launched a lawsuit to keep Beth Israel open to the community. Unfortunately, the legal battle was loss after 15 months of legal maneuvering and advocacy, in March of 2025. The hospital is permanently closed, and the community has an urgent care facility. They do not have

a free-standing hospital with an emergency room. We cannot let this happen again to hospitals needed by people with disabilities and seniors.

Thus, today, we advocate for keeping New York Eye and Ear Infirmary open and operating as a landmark hospital in protecting the quality of our healthcare system for people with sensory disabilities. Helen Keller participated in the ribbon cutting of this great institution and the first Black ophthalmologist was trained at this world premiere teaching hospital. How can we allow for the closure of this institution comprised of such rich history?

Increase Healthcare Funding

As we are expecting huge independent living, Medicaid and Medicare cuts from the federal government, the city should increase the funding that the healthcare system is receiving. This will help hospitals operate as the percentage of their patients with this medical coverage increases every year. People with disabilities need to ensure their independence in the community and typically Medicaid and Medicare covers payment for these independent living services. People with disabilities and seniors do not want to live in nursing homes or adult care homes. Additionally, if the federal cuts are implemented many of these nursing homes and adult care homes will close as well.

Also, CIDNY, as the main independent living center serving all five boroughs in New York City, needs funding and support to keep addressing the physical healthcare, mental healthcare, employment, education, housing, transportation, voting, and food insecurity needs of our over 40,000 consumers served just in 2024 alone. We are on track to serve even more in 2025. The federal cuts will drastically impact people with mental, behavioral, emotional, medical, cognitive, physical, sensory, intellectual and developmental disabilities. People with disabilities are your parents, spouses, children, family members, neighbors, classmates, coworkers, friends and so much more. We all deserve to live in a more accessible New York City!

We thank the City Council for providing us with the opportunity to testify. This testimony is supported by Dr. Sharon McLennon Wier, Executive Director of CIDNY.

Thank you,

Mbacke Thiam

**Testimony of David Alexis and Judy Wessler, MPH
Commission on the Public's Health System, Inc.
City Council Hospitals Committee
May 22, 2025**

Contact Us

David Alexis

Judy Wessler

david.t.alexis@cphsnyc.com

ladyhealth@aol.com

Thank you for the opportunity to testify today on the budget of the New York City Health and Hospitals for 2026.

Good afternoon, and thank you for the opportunity to testify. We are here on behalf of the Commission on the Public's Health System (CPHS), a citywide, community-based health advocacy organization with over 30 years of experience championing healthcare access and equity in New York City. Our mission is to ensure that all New Yorkers—especially low-income residents, immigrants, and communities of color—have access to a robust and equitable public health and hospital system. Formed in 1991, CPHS has worked to improve support for the Health and Hospitals Corporation and prevent privatization of the public hospital system. This has been a major part of the work of CPHS over the years.

CPHS has been a consistent advocate for the fair allocation of public funding and has played a leading role in key initiatives, including the development and coordination of Access Health NYC (AHNYC), a City Council-funded program aimed at expanding healthcare access through community-based outreach and education.

While expanding health insurance coverage is essential, we know that many New Yorkers—particularly the uninsured—are still being left behind. CPHS has a long track record of addressing these gaps, including developing multilingual, widely distributed pamphlets to help uninsured individuals navigate available resources. As the healthcare landscape continues to evolve, these tools must be updated, and CPHS is well-positioned to lead this work in partnership with the City Council.

Medicaid remains a cornerstone of access and sustainability for providers in the communities we serve. But with federal administrations often shifting policy and funding priorities—as we saw under the Trump Administration—it's vital that community-based organizations stay informed and equipped to respond. CPHS has created and facilitated the use of an "Understanding the Health System" manual to educate and empower local groups to navigate these changes. We

stand ready to continue this work: providing clarity, written guidance, and community-centered education to help New Yorkers face new and ongoing challenges.

This is even more important to remember as we are in troubling and potentially dangerous budget times. At the moment of this writing, the final details of the Congressional budget reconciliation are not yet known. But we do know that Medicaid and health care potential are hurting us and just may get worse. The loss of coverage and services are very much on the horizon. In addition to people losing their coverage, out-of-pocket expenses going up, and much more including a hurtful cut in Medicaid reimbursement for hospitals and other providers could be very devastating.

Institutionally, perhaps most at risk are the institutions and services provided by the New York City Health and Hospitals. We know that H+H is the major provider for people covered by Medicaid. More so is being a major provider for people who are uninsured or underinsured. This means the greatest need for public funding from the federal, state, and city level to make up the deficits rising from this care. At the federal level the proposed cuts could be potentially devastating. They include (with much thanks to Michael Kinnucan, Fiscal Policy Institute):

- Providing coverage for people without documents, even when paid for state and local funding, could mean a cut of \$1.9 billion;
- Limiting or end the State Directed Payments program could mean that H+H would not get needed approval for inpatient services; (see below for state implications)
- The state's MCO tax could be cancelled next January, costing the state billions
- The state could be forced to impose co-pays on earnings of \$16,000 per year
- The work requirements imposed could mean the loss of coverage of more than 1 million people.

In other words, the current reliance of federal Medicaid dollars could leave the state and localities in trouble with need to make some kinds of adjustment. In top of that, the state budget recently passed, eliminates the \$113 million in Indigent Care funds going to the Health and Hospitals. This unseemly low amount, when doubled with federal share, makes a difference in the H+H budget. It was adopted with the 'understanding' that H+H would get approval of DPT coverage for inpatient care. Though as we now know that assumption is now shaky. This is despite the fact that the Governor added \$500 million for safety net hospitals in the budget and some additional funds for transformation of safety net hospitals. So the public hospital system in the city may be left in the cold.

Gathering enough information from public sources is difficult without the assistance of people who can directly assist. Fortunately we were able to get help from Comptroller Lander's office - with much thanks. Clearly, H+H relies heavily on city support to continue providing services. There is already a proposed drop in city funding for 2026, in part due to drops or elimination of

COVID funding and asylum seeker funding. At this time and with the future changes in federal dollar flow, dependence on city funding could increase dramatically.

What we do know is that at least, right now, one million residents rely on the services provided by H+H. This was recently increased by Mt. Sinai's closing of Beth Israel Hospital with the assumption that some number of the patients would go to Bellevue for services. Overall the need for these services could well increase due to Medicaid beneficiaries losing their coverage and becoming uninsured. We know that other than Federally Qualified Health Centers (FQHCs) there are few other places for those without insurance to go for their care. CPHS is also very concerned about the state proposals and potential actions about the University Hospital at Downstate would provide critical services in Central and East Brooklyn. The proposal also could threaten the continued availability of the medical school at Downstate which would have an inordinate negative impact on medical care in Brooklyn.

Recommendations

We do need to continue working to mitigate the worst of the federal Reconciliation bill. We also need to take on the state on restoring the ICP funds to the H+H budget. Hopefully the Council will be supportive of ensuring needed dollars in the city budget for when, and if, all else fails. H+H services are needed so we all need to ensure that there is funds to provide them. Doing otherwise is undoubtedly more than restoring the inequities in care that were worse, but still prevalent.

So what else is needed:

- There does need to be some more transparency in H+H funding and spending.
- Another troubling piece of the puzzle is the affiliation contracts with Mt. Sinai and NYU medical. A thorough review of the benefits, or not, of continuing these contracts is very needed at this time. In particular the NYU contract which seems to continually grow and expand. NYU Langone has one of the worst histories of being willing and providing services to Medicaid patients and also to people of color - forget providing care for the uninsured.
- Looking for other sources of dollars to help the public system. We would like to explore, with the City Council, looking at some of the 'non-profit' hospitals' excess revenues - or as what we call profits - to become available to help pay for the continuing provision of services at the public health and hospital facilities. The Lewin Institute reports on hospital compliance with charity care provisions. New York Presbyterian and NYU Langone show they are not living up to meeting their obligations. In addition, NYU Langone reports 'profits' in the last quarters, one of which was over \$300 million. Let's think about how those dollars and others could benefit underserved populations in the city.



**Testimony for the New York City Council
Committee on Health
Executive Budget Hearings
May 22, 2025**

To Chairperson Schulman and Members of the Committee on Health,

My name is Meg Chappell and I am the Program Manager at Empire Liver Foundation. The **NYC Council Viral Hepatitis Prevention Initiative** funds organizations to provide the most innovative and effective hepatitis B and C treatment, prevention, and linkage to care education initiatives in the country. We are grateful to the City Council for its inspiring national leadership with its Viral Hepatitis Prevention Initiative.

Since 2014, NYC Council funding has enabled community health organizations to hire and train hepatitis B and C patient and peer navigators, train health care providers in hepatitis B and C screening, care, treatment and health care navigation, and educate NYC communities at risk to promote prevention and care.

Empire Liver Foundation was established by leading liver specialists dedicated to improving health in NYC communities at a time when NYC needed expert guidance on the novel hepatitis C treatment regimens. Relying on the expertise of our members, we have developed evidence-based hepatitis B & C clinical trainings for NYC's frontline primary care providers who serve communities most impacted by viral hepatitis.

During FY24, we have used funding to prioritize clinical trainings for over 700 providers who serve people at highest risk for hepatitis B and C, HIV, and overdose including people who are uninsured, new immigrants, and people who use drugs. With the introduction of the first ever NYC Viral Hepatitis Elimination, continued and expanded support of the Viral Hepatitis Prevention Initiative is vital to the health and well-being of NYC's most vulnerable. For funding year 2026, we are asking for an investment of \$4.24 million to support the necessary work in order to achieve viral hepatitis elimination.

Our organization continues to work alongside New York City stakeholders that serve marginalized communities often hit the hardest by hepatitis B and C. We listen to and amplify the voices of our New York City neighborhoods who greatly benefit from a variety of community-based health programs. We recognize the stark gaps in health care access and work to expand viral hepatitis treatment prescribers (mainly community health providers), so New Yorkers can access these life-saving treatments. Our organization is dedicated to reducing health disparities associated with viral hepatitis and advocate the needs of the community to our local, state, and national policymakers to bring essential resources to New Yorkers.



The bottom line—we need to train and educate more community health providers. They are essential in reaching underserved populations and connecting them to care. It is critical that we expand the treatment base to educate and support community health providers. Without investing in them, we won't be able to reach our goal of eliminating hepatitis B and C. With more funding, we could offer more robust mentorship opportunities to clinics, and we could focus trainings in clinics in communities with higher rates of hepatitis B and C to provide more technical assistance and training.

With your commitment to increase funding, all of the organizations of this initiative can expand their reach and continue to educate more providers, train more patient navigators, and link more patients to care. We have the energy, the knowledge, the experience and the motivation to eliminate viral hepatitis by 2030, but we need YOUR commitment to increase funding if we want to achieve this goal.

Key stakeholders from the City Council, the NYC Department of Health, and organizations funded by this initiative, can work together to make elimination a reality for all New Yorkers. It's imperative to protect the health and lives of our NYC communities. We urge you to be part of history and put NYC on the map as the first city to eliminate viral hepatitis.

Sincerely,

Meg Chappell, MPH
Program Manager
Empire Liver Foundation

On behalf of the members of the Empire Liver Foundation



MAKE THE ROAD NEW YORK

Written Testimony on the Executive Budget Hearings – Hospitals

May 22nd, 2025

Good morning, Chair Narcisse and Council Members, thank you for the opportunity to testify. My name is Mateo Guerrero, and I am a Trans Justice and Leadership Program Manager at Make the Road New York, and I'm here to share our concerns with the FY26 budget and its impact, particularly on TGNC New Yorkers.

Our trans and gender-expansive communities are facing escalating threats from the federal government, including attempts to roll back healthcare protections, attacks on gender-affirming care, and efforts to undermine our civil rights. These policies are putting our lives at risk, and it is Black and brown, migrant, low-income and youth people who are experiencing the brunt of these attacks. That is why today we are urging the Council to stand with us and make bold, meaningful investments in our community's health, housing, and safety.

We ask the Council to use every available tool to expand and preserve programs that increase services and protections for Trans and gender expansive people:

1. Fully fund the Trans Equity Fund at \$10 million and prioritize trans-led groups.

The Trans Equity Fund was created to address deep disparities in health, housing, and employment for our communities. Raising the fund from \$3.25 million to \$10 million is not just necessary – it is urgent. This funding must go directly to trans-led organizations that are best equipped to reach, support, and heal our people.

2. Invest \$15 million to protect TGNB healthcare providers under attack by federal policy.

As the White House and Department of Justice move to strip away healthcare protections, New York City must step up. Trans people rely on providers offering gender-affirming, culturally competent care. These providers – many of them clinics and small community-based health centers – are at risk of losing federal support. The City must allocate \$15 million to ensure they remain open and accessible.

3. Allocate \$10 million to support providers caring for runaway and unhoused trans and queer youth.

Too many young people in our communities are pushed out of their homes and into dangerous situations. Our shelters and service providers are doing all they can, but without sustainable City support, they cannot meet the need. \$10 million is the bare minimum required to help trans and queer youth survive and rebuild their lives.

This budget is a moral document, and it reflects what this City values and whether it is serious about equity, inclusion, and care. Trans and gender diverse people, especially trans immigrants, have been told for too long to wait, and we cannot wait anymore.

We ask this Council to act now – boldly, unapologetically, and with equity at the center.

Thank you.



**New York Lawyers
for the Public Interest, Inc.**
151 West 30th Street, 11th Floor
New York, NY 10001-4017
Tel 212-244-4664 Fax 212-244-4570
TTY 212-244-3692 www.nylpi.org

**Testimony of Karina Albistegui Adler, Co-Director of Health Justice
at New York Lawyers for the Public Interest
to the New York City Council Committee on Hospitals
May 22nd, 2025**

Chair Narcisse and members of the Committee. My name is Karina Albistegui Adler, I am the Co-Director of Health Justice at New York Lawyers for the Public Interest (NYLPI). I am honored to testify on behalf of my team and the community we serve.

New York Lawyers for the Public Interest (NYLPI) was founded nearly 50 years ago. The organization pursues equality and justice for all New Yorkers through our community-driven approach in the areas of civil rights and health, disability, immigrant, and environmental justice.

1. NYLPI's Immigrant Health Initiative work

NYLPI's Health Justice Program is privileged to be a part of the City Council's Immigrant Health Initiative (IHI), and we thank you for that support. This initiative has supported NYLPI programs aimed at improving the health and well-being of immigrant New Yorkers and their families through direct immigration representation, litigation, community education, medical-legal partnerships including with local doctors and public hospitals, and non-legal advocacy and navigation those seeking access to health insurance and medical care. Through vigorous client and community advocacy and wraparound services, NYLPI improves health outcomes, increases access to healthcare, and provides critical and timely education for communities, healthcare providers, and legal service advocates.

2. City public hospitals (H&H) are a lifeline for uninsured New Yorkers

Our team strives to ensure that immigrant New Yorkers who qualify for public health insurance are successfully enrolled. Often, our clients come to us needing urgent medical attention or primary care, for those clients, city public hospitals (H&H) and the NYC Care program are vital health resources to ensure that their medical needs are met. Thanks to H&H and NYC Care program many of our clients who would not be able to access continuous medical care at the local voluntary hospitals can safely complete their immigration and insurance

enrollment process without forgoing necessary medical attention. Their ability to attend to their medical needs is a major contributing factor in their ability to successfully complete their immigration applications and often prolonged health insurance enrollment process.

Our clients and staff note and applaud the commitment of H&H to continue to be a safe medical home for immigrant New Yorkers who lack health insurance at a time when leaving their own home to seek medical care can feel very unsafe.

We commend the city council for its investment in H&H and urge you to continue to fund this vital city resource. In particular, we encourage the city council to invest in Housing for Health, an impactful H&H program that ensures that H&H patients who are experiencing housing instability can access medical respite and transition to permanent housing. In our work we have documented many instances of clients being denied necessary medical care because of unstable or unsanitary shelter housing. Conditions as common as dental surgery or as intensive as organ transplants can be delayed or denied if the patient's housing conditions could increase the risk of infection. We strongly believe that housing instability should not be a barrier to accessing medical care. In 2024 1000 patients were housed through Housing for Health and we hope that in the coming years that number can double with your support.

3. We are responding to the Trump administration's retaliation against our communities

NYLPI is actively addressing the ramifications of potential federal funding cuts to New York City, which directly affect its community-focused legal initiatives. In addition to our Health Justice work, NYLPI is addressing some of the most pressing issues affecting New Yorkers through our Disability Justice and Environmental Justice Program. Furthermore, the Pro Bono Clearinghouse collaborates with a network of thousands of attorneys from nearly 80 member law firms. This collaboration not only enhances NYLPI's internal capabilities but also delivers essential legal services to hundreds of community-based organizations across the city. These organizations collectively serve over 1.5 million low-income and marginalized New Yorkers.

NYLPI is currently providing support and services to community-based organizations that are direct targets of federal agencies. We are actively resisting efforts to conduct raids, suppress advocacy groups, and claw back or freeze crucial funding for services benefiting immigrants and low-income New Yorkers all while continuing longstanding work to support New Yorkers across the city.

Our IHI work has become more complex due to the everchanging landscape of the immigration system, the new and longstanding challenges placed on immigration processes, the increase in need following the arrival of thousands of migrants to the City in recent years and an increasingly hostile federal administration. We are seeking a \$650,000 allocation from the City Council's Immigrant Healthcare Initiative in CFY 2026 to ensure that we can continue to meet the needs immigrant New Yorkers across the city.

As always, thank you for your support and partnership. I look forward to continuing our fruitful collaboration in the coming fiscal year.

Sincerely,

Karina Albistegui Adler

New York Lawyers for the Public Interest

151 West 30th Street, 11th floor

New York, NY 10001

kalbisteguiadler@nylpi.org

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For almost 50 years, NYLPI has fought to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.

For more information visit: www.nylpi.org



**Testimony for the
CITY COUNCIL EXECUTIVE BUDGET MEETING
Topic: Hospitals
May 22, 2025
Committee on Hospitals, Chair Mercedes Narcisse**

Submitted by Kimberly George, President and CEO, Project Guardianship

Good afternoon, Chair Narcisse and members of the committee. Thank you for the opportunity to submit testimony. My name is Kimberly George, and I am the President and CEO of Project Guardianship. We are a nonprofit organization that delivers person-centered guardianship services to New Yorkers who have no one else to turn to—individuals without family, friends, or financial resources to manage their personal, medical, or legal affairs. In addition to providing direct services, we advocate for critical reforms to modernize the state’s guardianship system and promote less restrictive options wherever appropriate.

In New York City, the intersection of guardianship, hospitals, and involuntary commitments highlights a critical gap in the care and protection of vulnerable individuals, particularly older adults and those experiencing mental health crises. When a patient in a hospital lacks the capacity to make decisions and has no available family or proxy, the hospital may petition the court to appoint a guardian under Article 81 of the Mental Hygiene Law. Guardians are often essential in these settings to authorize medical treatment, manage finances, or approve discharge plans. Without a guardian, medically stable patients may remain hospitalized for extended periods, leading to delayed discharges, blocked hospital beds, and increased strain on already overburdened healthcare systems.

However, the guardianship system meant to serve these vulnerable individuals is buckling under the weight of growing demand.

Despite Article 81 of the Mental Hygiene Law guaranteeing access to a guardian for those in need, courts across the state frequently cannot fulfill this obligation. Judges report that in roughly one-third of cases across New York—and up to half in New York City—they are unable to appoint a guardian. The primary reason: there is simply no one available or qualified to serve. Many of those in need are isolated, impoverished, or otherwise marginalized, and with no public guardianship infrastructure in place, they are left without protection.

This is the guardianship crisis we are facing—and it is on the brink of worsening.

Should proposed federal cuts to core programs like Medicaid, Medicare, SNAP, and Social Security take effect, the ripple effects will be devastating—not only for individuals who rely on these programs,



but for the guardianship system as a whole. Guardians are not miracle workers. They cannot produce affordable housing out of thin air or secure medical care without coverage. They cannot feed their clients when food assistance is stripped away. Guardians can coordinate and advocate—but without social programs, they are left without the tools they need to help clients survive.

These failures also directly strain our broader social safety net. Hospitals are unable to discharge patients who lack a guardian, clogging emergency rooms and delaying care. Judges are forced into making difficult compromises, often appointing unqualified individuals out of urgency. And social service agencies, already under pressure, are burdened further—particularly as they try to support individuals at risk of homelessness or those already living on the streets without a guardian to represent their interests.

Despite increasing needs, New York State allocates only \$1 million annually for guardianship services—an amount that does not begin to meet the scope of the problem. Nonprofit providers like Project Guardianship have long filled the gap, offering high-quality, trauma-informed, and culturally responsive care. But this work is often done with limited funding and overwhelming caseloads.

A chronically underfunded guardianship system has cascading consequences throughout the public sector. Social services, housing systems, and mental health supports all bear the burden when guardianship fails. And thousands of New Yorkers remain unprotected, unsupported, and unseen.

Yet we also know that investing in quality guardianship saves money and improves lives. Project Guardianship's model has proven to reduce unnecessary hospital visits and prevent premature institutionalization, saving the state approximately \$67,000 per person annually—mostly through avoided Medicaid costs. Scaling nonprofit guardianship to meet the actual need could generate more than \$85 million in annual savings.

We were encouraged by the New York City Council's passage of Resolution 0561, which called for a statewide public guardianship program in partnership with nonprofits. Unfortunately, the State did not include this in the FY26 budget, despite the reality that over 60% of guardianship cases originate right here in New York City.

Now is the time for city leaders to step forward. We urge you to allocate funding to strengthen and expand nonprofit guardianship services, close the gap for those most at risk, and help build a more robust and equitable care infrastructure. This includes supporting those experiencing or at risk of homelessness—many of whom would benefit significantly from guardianship and stronger connections to social services.

In doing so, the city can demonstrate its commitment to justice, dignity, and care for our most vulnerable neighbors.



On behalf of Project Guardianship, I thank Chair Narcisse and the Hospitals Committee for your leadership and continued focus on the well-being of New York's older adults and people with disabilities.

Testimony City Council Hearing
Finance and Health Committee
City Hall Chambers
05/22

Good afternoon, my name is Avi Severino, and I'm here today calling on NYC to maintain and expand the \$15 million investment toward gender-affirming care across New York City.

I come before you not just as an advocate, but as a living testimony to what this funding makes possible.

A few years ago, I experienced one of the most severe mental health episodes of my life while dealing with gender dysphoria. But thanks to the gender-affirming services funded here in New York City, I was able to access a sliding-scale clinic before I qualified for Medicaid. I was connected to short-term mental health care that helped stabilize me—and ultimately guided me toward beginning hormone replacement therapy.

Gender-affirming care saved my life. Without access to those services, I would not be standing here in front of you today.

I represent just one of over 50,000 transgender individuals in this city who could tell you a similar story—because without access to gender-affirming care, too many of us are left without the support we need to survive.

As we witness a rising wave of anti-trans legislation and hateful rhetoric sweeping across the country, it's critical that New York City not only holds the line but leads with bold action.

That's why I also strongly support the expansion of other Trans Equity initiatives in this budget—like increasing the NYC Trans Equity Fund to \$10 million and investing in shelters for trans youth.

In this moment, the City must do everything in its power to ensure we remain a safe haven.

But this legacy is not self-sustaining—it must be actively protected.

Let New York City not just be remembered for where the fight for queer liberation began—but for how fiercely we chose to protect it, and how boldly we showed up for trans lives when it mattered most.

Thank you.

Good day, my name is Keeshone McLaurin,

And I've worked with the Department of Health, Office of School Health as a level 2 Public Health Advisor for 26 years. I'm also a proud member of DC37.

I work along the staff with The Department of Education. Scheduling Optometrist to perform eye exam and prescribed eyeglasses for students in Pk-1st grade.

I look at my job as giving the gift of sight. Helping our children see a better future!

But right now, we're seeing challenges with retaining staff due to the work schedule. We work 10 months a year with the summer months offs and any time schools are closed.

The DOE staff are paid during this time. DOHMH staff aren't. We collect unemployment (summer months) or use our personal leave to get paid (when schools are closed for DOE scheduled time off).

This is a hardship for most especially because, we use our time for personal reasons. When schools are closed, we lose pay.

We need a city budget that can make DOHMH staff annualized employees instead of 10-month employees. The same status as the DOE staff.

City leaders, from the Mayor to the Council, say they care about New Yorkers and their civil servants. But those promises to have no meaning without a budget that supports the workforce behind it.

I urge you to use the public money for the public good. Invest in us so we can keep showing up for New Yorkers.

Thank You

[Committee on Hospitals. budget hearing](#)

5/22/25

Honorable Chair Narcisse and City Council members,

My name is Nathan Franco. I have been a Social Worker at H+H / Harlem for 15 years, working on our inpatient medical units to support patients in their transitions out of the hospital to their next care setting, including with the orthopedic patients that DrKatz referenced earlier with the HSS collaboration . I believe in the work we do, and take pride in helping my patients have the best possible chance for recovery during what are often the hardest times of their lives. During my time, the expansion of managed medicaid insurance, the consolidation or closure of numerous hospitals around the City and the continuing complex needs of our patients have made our tasks more difficult and take more time to complete. Social Workers are an essential part of healthcare, both providing direct patient care and helping patients navigate the complex healthcare systems we have, where a simple misplaced fax or unreturned voicemail can lead to devastating consequences.

Healthcare and mental health workers have also seen increasing demand for their services. As a result, New York City public sector social workers face increased caseloads and are expected to see an increasing volume of patients daily, while our colleagues leave the system in droves. I am also an officer in our union, Local 768, DC37. Over the past two years, Local 768 has surveyed our members who are Social Workers in H+H to explore how caseload and productivity expectations have impacted quality of care and worker retention.

The results found that two-thirds of H+H's social workers believe their caseloads are not appropriate and 97% of those workers believe their quality of care suffers as a result. Notably, Inpatient Adult Med/Surg and Outpatient Adult Behavioral Health had the most significant results indicating an urgent need to reduce caseloads, while other areas demonstrated a need for a reduction from their current productivity expectations.


These findings demonstrate an overwhelming agreement across social workers of all assignment areas that an enforced limit on caseloads would improve quality of patient care, improve work-life balance, and increase desire to continue serving our city through H+H.

We have initiated discussion with H+H about establishing caseload limits – as has been accomplished for Registered Nurses, via Safe Staffing legislation – though the limited funds available to H+H represents a barrier to pursuing this plan.

Similar to class size limits that the DOE is obliged to follow, H+H needs the appropriate funding to establish caseload limits. While some areas of work – such as outpatient behavioral healthcare – are eligible for insurance reimbursement to support the staff salaries, much of our work is done within the context of capitated payment rates for inpatient services, and so Social Work time does not get directly reimbursed by insurers. As a result, we suggest additional funding to H+H to develop these caseload limits and fund the necessary staffing increases.

Thank you for your time and attention today.

Nathan Franco, LCSW



**THE COUNCIL
THE CITY OF NEW YORK**

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

☐ in favor ☐ in opposition

Date: 5/22/25

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Address: Canal - 10005

I represent: Canal - 10005

Address: _____

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Name: Kayt Tiskus

Address: [REDACTED] NY NY 10030

I represent: Collective Public Affairs

Address: _____

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Name: Matteo Guernero

Address: [REDACTED] Corona NY 11368

I represent: Make the Road NY

Address: _____

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Name: BENNETT MASSE

Address: [REDACTED] GREENWICH, CT

I represent: OSA UNION

Address: 23rd St, NYC

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Address: _____

I represent: MYSELF

Address: _____

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Name: Judy Wessler

Address: CPHS 82 Broad St, NYC

I represent: CPHS

Address: _____

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Name: Patsy Yang

Address: SVP Correctional Health Services

I represent: NYC Health & Hospitals

Address: _____

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Name: John Ulberg

Address: SVP and Chief Financial Officer

I represent: NYC Health & Hospitals

Address: _____

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Name: Dr. Mitch Katz

Address: CEO

I represent: NYC Health & Hospitals

Address: _____

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Name: Kelvin Diamond

Address: [REDACTED]

I represent: Organization of State Analyst (USA)

Address: 220 E 23rd 16U14

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Name: Carmen de Leon

Address: 125 Barclay Street NY NY 10007

I represent: President, Local 768, DC 37

Address: _____

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Name: Anabel Ruggiero

Address: [REDACTED] Brooklyn NY 11238

I represent: Transsexual Menace NYC

Address: N/A

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Name: David Alexis

Address: [REDACTED]

I represent: Commission on Public Health System (CPHS)

Address: 85 Broad Street

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