



New York City Council Hearing

FY21 Preliminary Budget Hearing

Committee on Hospitals

Matt Siegler

Senior Vice President, Managed Care & Patient Growth

Chief Executive Officer, One City Health

New York City Health + Hospitals

March 9, 2020

Good afternoon Chairperson Rivera and members of the Committee on Hospitals. I am Matt Siegler, NYC Health + Hospitals (Health + Hospitals) Senior Vice President for Managed Care and Patient Growth, and Chief Executive Officer for OneCity Health. I am joined today by John Ulberg, Health + Hospitals' Chief Financial Officer.

Top of mind for everyone is the novel coronavirus outbreak around the world and now here at home in New York City. As was shared with you last Thursday, Health + Hospitals is prepared, and has activated our expert emergency management and response operation. We are taking aggressive steps to ensure we have plans, guidelines, and resources in place to provide safe care to anyone who may present with COVID-19 infection. Despite this serious and emerging public health threat, which we are all concerned about and are addressing, I am here to report on our finances. I am pleased to report that Health + Hospitals has closed the first half of FY20 on track and projects a strong closing cash balance of \$790 million for FY20. However, we remain deeply concerned about the proposed State Medicaid cuts, which would cause significant harm to New York City's public health system, and look forward to partnering with you in our advocacy to prevent these cuts from happening.

Health + Hospitals has had a great two years – I am proud of the progress and success of our health system's transformation.

- We are generating more revenue by appropriately billing insurance companies for commercially insured patients; and improving our outpatient coding, and physician billing practices.

- More patients are signing up for health insurance coverage – in fact we saw a 20% annual increase in insurance applications over the last two years.
- We are negotiating with insurance companies for a fair rate for the services provided to their members as well as settlements for back payments.
- We are providing more specialized clinical services with higher reimbursement rates, while continuing to expand access to primary care for all.
- As of December, all of Health + Hospitals acute care facilities and federally-qualified health centers are on one unified electronic health record, which will help our clinicians provide safe, efficient, quality care, as well as help us document, code, and bill insurance companies.
- We have opened six Express Care Centers where patients with lower acuity complaints can bypass the emergency department to have their immediate medical problems addressed rapidly with a smooth transition to ongoing primary care.
- Our recently ratified 4-year NYSNA contract will allow Health + Hospitals to pay fair wages, ensure safe staffing, and improve recruitment and retention of our nurses. We're proud that we've hired 600 nurses over the last 2 years.
- With the launch of NYC Care in the Bronx, Brooklyn, and Staten Island, we are increasing access to primary and specialty care.
- And, we've launched a redesigned inter-facility ambulance system that will transport patients faster and more efficiently. The new system is expected to generate \$21 million in new insurance revenue through patient retention.

Financial Performance YTD

Health + Hospitals has closed the first half of FY20 on track; we are only \$8.5 million, or less than a quarter of 1% below our annual operating budget through the first half of the fiscal year. Our expenses are \$37.6 million (1%) over budget due to higher than expected overtime costs and OTPS spending, and we will continue to transition away from overtime positions to permanent positions. Balancing this, we have exceeded our revenue targets by \$29.1 million (1%) thanks to all our efforts in patient care and revenue cycle. In fact, we had an overall increase in patient care revenue by \$225 million over the same period last year. We will continue to implement the aggressive goals in our Transformation Plan, including management of denials with health plans.

FY21 Preliminary Financial Plan

We are projecting a strong closing cash balance of \$790 million in FY20 and \$869 million in FY21. However, we are facing formidable budgetary externalities on the federal and state levels, and as such we continue to focus on prudent financial management. We will increase our transformation plan revenue for health insurance initiatives from \$552 million in FY20 to \$710 million in FY24 by improving clinical documentation, coding, and billing to collect payments that are due for services rendered; negotiating fair reimbursement rates with managed care companies; and preventing unfair denials. We will also increase MetroPlus's medical spend within the system; and connect more New Yorkers to affordable health insurance. We have also implemented transformation plan growth initiatives that are projected to increase revenues from \$75 million in FY20 to \$135 million in FY24, these include expanding primary care access throughout more

parts of New York City. And throughout, we continue to control administrative expenses.

Risks

As I previously mentioned, we are facing significant headwinds emanating from Albany and Washington DC. In order to manage the State budget, the Governor has implemented \$599 million in cuts to the Medicaid program, growing to \$851 million in SFY 20-21. As a result, we have already absorbed a \$35.2 million loss in one year from the 1% across-the-board cut to hospitals that was promulgated on January 1. We are also deeply concerned about the proposed elimination of \$51 million in enhance safety net funding, for which Health + Hospitals is eligible. Ensuring appropriate funding for safety net hospitals is critical to our mission. The Governor has also reconvened the Medicaid Redesign Team (MRT) to find \$2.5 billion in State savings. If the MRT fails to find the savings, the State is authorized to implement across-the-board cuts to achieve savings. That would be devastating to New York City's only public hospital system – the safety for 1.1 million New Yorkers. We are grateful to the elected officials, community representatives, and City and State leaders who are supporting us in trying to find a better path forward.

On the federal level, we have a momentary reprieve with a delay in the Medicaid disproportionate share hospital (DSH) cut until May 22, which yielded \$343 million for the current fiscal year. However, if the cuts are not delayed beyond May, Health + Hospitals is slated to lose \$580 million in FY21 and \$623 million each year thereafter. It is important to note that if the DSH cuts are not delayed, New York State must change the formula on how it distributes DSH funding and drive this critical funding stream to hospitals that provide the most care to low-income and

uninsured patients. The Council has been instrumental in previous advocacy efforts to delay DSH cuts, especially you Chairwoman Rivera. We look forward to continue working with you to fight back these damaging cuts.

As you know, the Trump administration continues to launch cruel attacks on immigrants with the recent promulgation of the public charge rule in February. More than 100,000 Health + Hospitals patients could change their behavior out of concern about the rule even if they are not directly impacted by the rule itself. Many may disenroll from coverage, refuse to enroll, or use fewer preventive services, which could result in downstream increase of high-severity inpatient services. Our midline estimate, based on the chilling effect we saw following the 1996 Welfare Reform Act, shows there could be a financial impact of approximately \$121 million in the first 12 months. And lastly, the Centers for Medicare & Medicaid Services (CMS) has denied New York State's request for a funding extension for its Delivery System Reform Incentive Payment (DSRIP) program. DSRIP is now scheduled to end on March 31, 2020. Under DSRIP, New York State shifted a significant portion of Medicaid payments away from fee-for-service toward value-based payment (VBP) arrangements and performing provider systems (PPS) – OneCity Health is State's largest PPS -- achieved a 21% reduction in avoidable hospital admissions. OneCity Health will lose money on the opportunity to gain left over funds from meeting certain performance metrics once the program expires on March 31. However, H+H will continue its commitment to value-based care and targeted, comprehensive services for the most vulnerable New Yorkers.

Thank you for the opportunity to testify before you today and I look forward to taking your questions.

Testimony

New York City Council Committee on Hospitals- March 9, 2020

By Ralph Palladino, 2nd Vice President Clerical Administrative Employees, Local 1549

The Coronavirus spread and Influenza epidemic are reminders that a strong public health system is needed in this city and country. The human cost in lives and economic ripples the virus attack is causing proves this. We need an expansion of public programs at all levels of government. It certainly makes no sense to be proposing cutting public health programs.

We are lucky in New York City to have a strong public health system. The New York City Health and Hospitals has improved on its access and serving the communities in New York in the last couple of years. has stepped up big time in this crisis. All thanks to the Mayor for instituting the NYC Cares, the leadership at NYC H+H of Dr. Katz and the dedicated, hard-working staff of the health facilities and Metro Plus HMO.

Local 1549 leadership and staff have been working with Dr. Katz to improve the system. There are areas of concern that we have concerning contracting out of staff positions to private agencies that are now being alleviated. Institutions are using our Patient Representative titles for face to face interpretation. This is good and leading to higher quality. More needs to be done.

Some of the Call Centers are run by private contractors. We think this privatization has no place in a public system. Patient confidentiality and quality control are thus problematic.

We hope to report next year and hopefully sooner that these issues have been resolved.

The immediate threat to public health

We cannot afford the President's ending DSRP payments to New York state (costing NYC H+H \$136 million) and his \$1 trillion in proposed cuts to Medicaid and the Affordable Care Act. Hospitals cannot afford his cutting of Medicare payments to them.

ICE raids in our city and elsewhere will just drive immigrants into the dark. They will not seek the healthcare they need when some fall ill. It will be a greater threat to all of us as a result.

We cannot afford our state government's proposed cut of \$1.4 billion to Medicaid and more and the \$2,5 billion "savings" (cuts) from the state's Medicaid Redesign Team. The result of state cuts alone could be closing of 19 community clinics and layoffs of 1300 workers. The ripple effect on city workers will be felt in all agencies. The local economy will take a hit.

More funding in this state is needed for public health and non-profits who treat the indigent and uninsured population. Medicaid payments to huge private non-profit healthcare systems who only marginally treat those in neediest, at the expense of the medical institutions public and private who mainly take care of the indigent, is unfair.

The alternative to cuts to is to fully implement the State Assembly's proposal to tax the very rich in order to raise revenues. Corporations that pay little or nothing in taxes must pay their fair share.

What we need from the city and City Council

- The city must continue to commit to supporting NYC H+H.
- The entire City Council must continue to pressure state government officials and representatives forcefully not to cut Medicaid programs.
- Medicaid dollars should follow where Medicaid patients are. It must be made clear to Albany that NYC H+H must get its fair share of funding. Medicaid and the indigent dollars must follow where these patients are treated. To that end the Gottfried/Rivera legislation must be supported that helps guarantee this. We need fair taxation.
- We must all make sure that the President's and U.S. Senate plans for cuts to public health programs be thwarted at the ballot box in November. In the meantime we must speak up!

**Planned Parenthood of Greater New York FY2021 Expense Request Testimony
NYC Council Committee on Hospitals Preliminary Budget Hearing**

March 9, 2020

Good afternoon. My name is Naysha Diaz, a Government Relations Associate at Planned Parenthood of Greater New York (PPGNY). Thank you for the opportunity to testify. Today, I testify before you on behalf of our services, staff, and the thousands of patients we serve each year. Thank you to Committee Chair Carlina Rivera for convening this hearing, Speaker Corey Johnson, and to the entire City Council for your continued support. I would also like to thank the Department of Health and Mental Hygiene (DOHMH) for their partnership and longtime support of our work.

Planned Parenthood of Greater New York is a trusted provider of sexual and reproductive health care and education programs for communities throughout New York State. In 2019, our New York City health centers conducted over 104,000 patient visits, providing care regardless of immigration status, identity or ability to pay. Our education programs engaged over 19,000 community members -- including 1,800 youth. Project Street Beat, both in office and on our mobile health center, conducted over 20,000 additional encounters with community members in need of support. In 2019, we enrolled over 6,300 people in health insurance programs.

In recent years, we have faced increasing attacks from the Trump-Pence Administration that impact PPGNY and the communities we serve. Last year, we saw the implementation of a domestic gag rule on Title X recipients, forcing Planned Parenthood to withdraw from that program. We also witnessed the effects of the change to the "public charge" rule, which has discouraged immigrants from using public benefits such as Medicaid, and in turn, increased the number of patients that seek care on a sliding scale. Additionally, we have identified numerous attacks in the forms of refusal of care rules and abortion bans, which threaten the wellbeing of our patients, target specific populations--specifically our TGNC patients-- and undermine an individual's right to access safe and legal healthcare, including abortion.

Despite these attacks, PPGNY remains committed to providing quality healthcare services and educational programs no matter what. We appreciate that the City Council has continued to support PPGNY so that we can remain a critical source of care, particularly for the thousands of patients who qualify for health services at no or reduced cost.

Ensuring Access to Vital Sexual and Reproductive Health Services

Given Federal attacks on Title X and reproductive health care more generally, we are respectfully requesting the following increases in funding to support our work in ensuring that all New York City residents have access to vital sexual and reproductive health services:

- 1. An enhancement of \$130,000 to the Reproductive Health Initiative, totaling \$500,000.**
- 2. An enhancement of \$250,000 to the Dedicated Contraceptive Fund, totaling \$500,000.**

3. A first time allocation of \$250,000 under the Trans Equity Programs Initiative.

In the past, the Council's ongoing funding has enabled PPGNY to provide sexual and reproductive health services including contraception and STI prevention; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; PrEP, gender-affirming hormone therapy for transgender New Yorkers, and HIV testing and counseling. Additionally, this funding has helped us cover the cost of care for thousands of patients who qualify for free or reduced cost services.

As result of changes to the federal Title X rule, PPGNY was forced to formally withdraw from the program and we are relying on the generosity of the New York City Council to help us continue to provide affordable sexual and reproductive health care to all New Yorkers, no matter what.

This enhancement to the Reproductive Health Initiative, which totals an allocation of \$500,000, will enable PPGNY to make up for some of the loss in federal funding and continue to provide free and low cost reproductive health care, including gender affirming hormone therapy and access to long-acting reversible contraception (LARC).

This year, we are facing drastic new federal funding threats. PPGNY has long relied on Title X family planning funding to cover care for our low-income patients, who often do not have health insurance because of their immigration status or safety concerns. The almost fifty-year program was founded on the belief that every person — regardless of where they live, how much money they make, their background, or whether or not they have health insurance — should have access to basic, preventive reproductive health care and is an important safety net for people who would otherwise go without care. However, the Trump-Pence Administration's newly published rule radically shifts the program's priorities away from evidence-based family planning services. The changes in the rule impose a "gag rule" on providers to prevent them from referring patients for abortion, making it more difficult for expert reproductive health providers such as PPGNY to provide the quality care and education upon which our patients depend. The rule also imposes cost prohibitive and unnecessary "physical separation" requirements on health centers that also provide abortion. These could include forcing health centers to build separate entrances and exits, construct whole new health centers, or hire a whole second staff of doctors, nurses, and administrative staff. None of these requirements contribute to the health of patients. That is why this "gag rule" is opposed by the medical community, public health experts, lawmakers, and the general public.

This is another attempt at weakening PPGNY's ability to continue to offer comprehensive, medically accurate sexual and reproductive health care, and opens funding opportunities for providers that emphasize abstinence-only methods, such as anti-abortion crisis pregnancy centers (CPCs). With several crisis pregnancy centers (also known as 'fake clinics') located throughout the City that have actively harmed our patients and delayed time-sensitive care, our ability to meet the need for services across New York City is more urgent than ever.

In addition to supporting our health care services and sliding scale services, funding from the Reproductive and Sexual Health Initiative will also help PPGNY provide educational services to youth in targeted neighborhoods, through programs like our Youth Health Promoters program. The YHPs are highly trained peer educators who engage other young people and conduct

interactive workshops to educate youth about teens' rights and access to sexual and reproductive health care to overcome barriers and stigma that teens may experience in accessing care. **In 2019, the Youth Health Promoters reached 200 youth in "Sexual & Reproductive Health Rights & Access" workshops, and an additional 1,700 youth through outreach events our YHPs conducted throughout the city, almost 800 of which were in Manhattan.**

PPGNY also respectfully requests an enhancement to \$500,000 from the \$250,000 Dedicated Contraceptive Fund allocation that we received under the Young Women's Initiative last year. The Dedicated Contraceptive Fund allocation will be used to continue to provide long-acting reversible contraceptive (LARC) devices free of charge to clients who are uninsured, ineligible for public insurance coverage such as Medicaid, and struggle to pay for their services out-of-pocket. Funds will also be used for patients who are not able to use their insurance due to confidentiality concerns and would otherwise not have access.

PPGNY offers no-cost LARC insertions and removal at our health centers as well as on our Project Street Beat (PSB) mobile health center, whose client base is largely individuals that use drugs, work on the street or are unstably housed. The PSB mobile health center addresses these risks factors by bringing free reproductive health care--including LARC devices, navigation and referral services-- to hard-to-reach communities.

Planned Parenthood has extensive experience providing comprehensive contraception options counseling and administration, which includes LARCs, thanks to support from public and private sources. However, we recently faced a \$500,000 decrease in private contributions for New York City LARC services, which will impact our ability to sustain our volume of patients on a sliding scale.

The funding received through the Dedicated Contraceptive Fund will help supplement the loss of private funding and ensure that we can continue to provide free and low-cost LARC insertion and removal at our five New York City health centers and on our Project Street Beat mobile medical unit.

In order to ensure continued access to sexual and reproductive health services for all, PPGNY is graciously requesting a \$250,000 allocation under the Trans Equity Programs initiative to continue to provide gender affirming hormone therapy at all of our health centers and expand gender-affirming hormone therapy to our mobile health centers.

PPGNY is proud to have expanded gender-affirming care services to support all New Yorkers' sexual and reproductive health needs and be an inclusive medical provider for the entire LGBT community. This funding will support PPGNY's commitment to ensure all services, including gender-affirming care and medication, are provided in a culturally and gender inclusive manner at our health centers, regardless of patients' ability to pay or immigration status.

PPGNY is aware of the widespread systemic and societal discrimination against transgender and gender non-conforming individuals, especially within healthcare settings, and have developed internal policies to create an inclusive environment for all our patients. We are requesting funds from the Trans Equity initiative to help empower the Trans and gender non-

conforming populations to lead healthy lives by expanding access to sexual and reproductive health services and gender affirming care at our health centers.

In 2019, PPGNY expanded trans/non-binary care to all five of our New York City health centers, conducting over 1,200 patient visits for hormone therapy. The cost of medications associated with this care can also be burdensome, even for those who are insured. **We will use these funds to expand the sliding scale funding that helps offset the costs of gender hormone medications at all of our New York City facilities, and expand access onto our mobile health centers.**

Continuing Commitments to End the Epidemic

For the past seven years, the Council has generously supported PPGNY's commitment to providing critical services health care and education services to all individuals, including individuals living with HIV and Hepatitis, individuals that use drugs, individuals living or working on the street and individuals that do not have reliable access to healthcare. This year, we are respectfully requesting the following allocation to ensure that we are able to continue to provide critical services at our five NYC health centers at on our mobile health centers:

- 1. An enhancement of \$150,000 to the End the epidemic, totaling \$350,000.**
- 2. An enhancement of \$20,000 under the HIV/AIDs Faith-based Initiative, totaling \$50,000.**
- 3. An enhancement of \$25,000 under the Speaker's Initiative to Address Citywide Needs, totaling \$125,000.**
- 4. A first time allocation of \$75,00 under the Viral Hepatitis Prevention Initiative (Speaker's Initiative)**

Project Street Beat is a renowned program that brings educational outreach, sexual and reproductive health services, harm reduction, case management, individual and group counseling, evidence-based interventions, and other supportive services directly to thousands of HIV-positive individuals and those at high risk for HIV infection. In 2019, PSB expanded services to Queens in addition to the Bronx, Brooklyn, and Northern Manhattan and provided over 900 clinical visits, including PrEP/PEP, STI testing and treatment, birth control, pap smears, and routine gynecologic care as well conducted 1,200 HIV tests. Other critical services provided by PSB include opioid prevention, health-home care management, and PEP/PrEP outreach and education to patients throughout NYC.

Project Street Beat, a registered ESAP site, provides services to help lead the fight against the opioid crisis in New York City. In 2019, staff distributed 24 Narcan kits and provided training on Narcan (Naloxone) for community-based organizations, PSB clients, and community members, to equip New Yorkers to prevent an opioid/heroin overdose from becoming fatal. PSB Staff also provide safe syringe disposal and clean needle distribution and distributed roughly and 67 syringe packs each month throughout 2019. In addition to PSB's enhanced harm reduction program, PSB offers health-home case management services for individuals that are ensured by Medicaid and are living with multiple chronic conditions.

As one of the organizations that have specific programming for individuals who are living with HIV

or are at risk of contracting HIV in New York City, we know how critical it is to provide support for all high-risk communities, so that no one group is left behind in our efforts to end the HIV epidemic. PSB targets a hard to reach population of individuals that exhibit multiple sexual and substance use behavioral risk factors, as well as social factors that heighten their risk for STI and HIV infection including unstable housing, histories of trauma, and unaddressed mental health issues. Using a culturally competent, street-based approach, Project Street Beat staff travel in minivans and a mobile health center (thanks to the generosity of the City Council) to street locations and selected community-based partners to connect residents to care.

PPGNY will use the funding from End the epidemic Initiative, the HIV/AIDs Faith-based Initiative and the Speaker's Initiative to Address Citywide Needs, to support Project Street Beat services, including sexual and reproductive health services, STI/STD testing, counseling, education and training.

In addition to existing PSB services, PPGNY respectfully seeks a first time allocation of \$75,000 under the Viral Hepatitis Prevention Initiative to expand Project Street Beat's (PSB) ability to combat the spread of viral hepatitis among people who use drugs and others who are at high risk for acquiring hepatitis.

In 2019, approximately 15% of PSB's mobile health center patients reported a substance use disorder, of those, 88% report opioid use. Given the demonstrated need, we hope to increase capacity to screen, and connect patients to harm reduction and substance misuse treatment services in in our PSB locations, our mobile health centers and in the five health centers throughout the 5 boroughs.

Viral Hepatitis Prevention Initiative funding will be used to train HIV prevention specialists to provide hepatitis counseling and rapid Hepatitis C screening on the mobile health center and in Project Street Beat offices; increase screening and intervention for people who use drugs by training Project Street Beat staff to implement an evidence based screening, intervention and referral tool; offer linkage to HAV/HBV vaccinations; and offer fentanyl strips as part of opioid overdose training.

PPGNY is relying on the Council's generosity to support Project Street Beat as we combat the spread of viral hepatitis and HIV among people who drugs, and are at high risk for acquiring hepatitis or HIV.

Culturally Competent Health Care

Despite federal attacks on immigrant communities, PPGNY is committed to providing culturally competent health care and education to all. It is estimated that six in ten New Yorkers are either immigrants or the children of immigrants; nearly one-third of whom are from Latin America. The cultural and language barriers among newly arrived immigrants and foreign-born New Yorkers often keeps these populations out of more formalized health care. It is a priority to reach these populations with culturally-resonant information about sexual and reproductive health and services in order to address health disparities. We are respectfully requesting the following first-time allocations to ensure that we can continue to provide culturally competent education and health care, and empower immigrant communities to seek the health care they need:

- 1. A first time allocation of \$100,000 under the Immigrant Health initiative.**
- 2. A first time allocation of \$100,000 under the Access Health initiative.**

Planned Parenthood of Greater New York works to reduce barriers to health access for foreign-born New Yorkers by providing access to culturally competent, high quality medical services for patients in our health centers as well as our Project Street Beat mobile health center. In 2019, approximately 18% of Project Street Beat mobile health center patients were mono-lingual Spanish speakers who required medical interpretation services. Many patients recently arrived to New York City from Ecuador, Honduras, Mexico, Venezuela and Columbia.

Given the demonstrated need, PPGNY is seeking an allocation under the Immigrant Health Initiative to address structural barriers--such as immigration status and language access-- that impact health by training additional staff to provide high-quality medical interpretation.

Similarly, PPGNY is requesting an allocation under the Access Health Initiative to expand access to sexual and reproductive health care and information for immigrant New Yorkers facing cultural and socioeconomic barriers to health care through the Promotores de Salud program (PdS). PdS are native Spanish-speaking peer advocates and educators who integrate sexual and reproductive health information about health topics and the health care system into their community's culture, language, and value system, thus reducing many of the obstacles that Latinx communities face in obtaining services

In 2019, PdS engaged over 4,000 people through this high-quality Community Health Worker model, and with funding from the Council, Pds can continue to address barriers to care by functioning as peer health educators in their communities, promoting health services through outreach at local businesses, offering assistance in making appointments, and navigate medical visits, and coordinating culturally relevant group education activities on topics like breast health and birth control.

Education

In addition to being a trusted health care provider, PPGNY is also a reliable health education resource for many New Yorkers. PPGNY is requesting the following allocations to ensure that we can continue to offer culturally competent, inclusive and medically accurate education to all New Yorkers, including youth, LGBTQ seniors, and survivors of intimate partner violence:

- 1. An enhancement of \$40,000 under the Domestic Violence and Empowerment Initiative (DoVE), totaling \$75,000.**
- 2. A first time allocation of \$100,000 under the LGBT Senior Services in Every Borough Initiative.**
- 3. A first time allocation of \$15,000 under the Borough-wide Needs Initiative.**

PPGNY's education programs use evidence-based, sexual education curriculum to explore topics such as sexually transmitted infections; communication, consent and healthy relationships, and sexual health and wellness. We will use funding from these initiatives to engage with an additional 75-100 individuals impacted by intimate partner violence and conduct

comprehensive trainings for 10-12 additional educators; expand our existing Sex Education for Adults (SEA) program to include shelters, senior centers and community based organizations outside of the 590 existing partnerships. Funding will also support the work of our Youth Health Promoters, a group of highly trained peer educators who engage other young people and conduct interactive workshops to educate youth about teens' rights and access to sexual and reproductive health care to overcome barriers and stigma that teens may experience in accessing care

Conclusion

We are grateful for the support and funding that we have received from the Council and NYC agencies, including DOHMH, and are excited to maintain and expand PPGNY services. PPGNY has been a lifeline for New York City for over 100 years and is proud to be able to care for all New Yorkers regardless of their ability to pay, immigration status, age or identity. We will continue to provide compassionate and culturally-responsive health care to all of our patients despite the federal landscape, and we thank the Council for your support in this critical effort.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 03/09/2020

(PLEASE PRINT)

Name: Naysha Diaz (Planned Parenthood)

Address: 210 Bleecker St NY, NY 10012

I represent: Planned Parenthood of Greater NY

Address: 210 Bleecker St NY, NY 10012

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(PLEASE PRINT)

Name: Dr. Patsy Yang

Address: Sr. Vice President

I represent: NYC Health + Hospitals/Correctional

Address: Health Services

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in favor in opposition

Date: 3/9/2020

(PLEASE PRINT)

Name: Ralph Palladino

Address: 125 Barclay Street NY NY 10007

I represent: 2nd VP, Local 1549, DC 37

Address: _____

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**THE COUNCIL
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Appearance Card

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in favor in opposition

Date: 3.9.20

(PLEASE PRINT)

Name: Matt Siegler

Address: Senior Vice President Managed Care + Patient Growth

I represent: N.Y.C. Health + Hospitals

Address: CEO One City Health

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Appearance Card

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in favor in opposition

Date: 3.9.20

(PLEASE PRINT)

Name: John Wilberg

Address: Chief Financial Officer

I represent: N.Y.C. Health + Hospitals

Address: _____

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