CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HOSPITALS

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March 16, 2026
Start: 11:31 a.m.
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HELD AT: 250 BROADWAY - 8TH FLOOR - HEARING ROOM 1

B E F O R E: Mercedes Narcisse, Chairperson

COUNCIL MEMBERS:
Shirley Aldebol
Selvena N. Brooks-Powers
Elsie Encarnación
Amanda Fariás
Jennifer Gutiérrez
Pierina Ana Sanchez

OTHER COUNCIL MEMBERS ATTENDING:
Lynn C. Schulman
Tiffany Cabán
Linda Lee
Kamillah M. Hanks
Jumaane Williams, Public Advocate

A P P E A R A N C E S

Dr. Mitchell Katz, President and Chief Executive Officer of New York City Health and Hospitals

John Ulberg, Chief Financial Officer of New York City Health and Hospitals

Patsy Yang, Senior Vice President of Correctional Health Services at New York City Health and Hospitals

Noelle Penas, Health Justice Community Organizer at New York Lawyers for the Public Interest

Sonia Lawrence, President of Health and Hospitals Mayoral Executive Council of New York State Nurses Association

Miral Abbas, Coalition of Asian American Children and Families

SERGEANT-AT-ARMS: Testing one, two, one, two. Today's date is March 16, 2026. Today's hearing is the Committee on Hospitals being recorded in HR1 by Keith Polite.

SERGEANT-AT-ARMS: Quiet, please. Thank you.

Good morning and welcome to the New York City Fiscal budget for the hearing on Hospitals.

Please silent all electronic devices at this time.

Also, please do not approach the dais.

If you have any questions, please raise your hand and one of us, the Sergeant-at-Arms, will kindly assist you.

Chair, we are ready to begin.

CO-CHAIRPERSON NARCISSE: [GAVEL] Good morning, everyone. I am Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. Thank you for attending today's hearing on the City's Fiscal 2027 preliminary budget for New York City Health and Hospitals Corporation, or H and H. I would like to thank my fellow Council Members for joining us for this hearing, Council Member Cabán, Schulman,

and Encarnación. I would also like to thank Dr. Katz and his team for coming to testify today.

H and H proposed operating budget for Fiscal 2027 totals 1.74 billion, which represents roughly 1.3 percent of the City's budget. The changes to H and H budget since the release of the Fiscal 2027 preliminary plan in February are mostly related to emergency warming centers, comprehensive adolescent care, and street homelessness. The preliminary plan also includes new funding for intra-city partnerships with the Department of Health and Mental Hygiene and the Administration for Children's Services. The plan also includes a further reduction in H and H asylum seeker budget as the system has been winding down its asylum seeker work. I'm eager to hear more details about these funding changes.

We will also review H and H Fiscal 2026-2030 capital commitment plan of 2.86 billion, which includes significant funding for an expansion of the Claire Shulman Pavilion at Queens Hospital, a commitment in the Jamaica Neighborhood Plan, and an expansion of the Comprehensive Psychiatric Emergency Services Program at Bellevue Hospital. The capital

plan also includes funding for the Correctional Health outpost units and critical healthcare expansion on the Rockaway Peninsula. I'm eager to hear details on this capital budget.

Additionally, we will discuss details of the reconstruction of the B-HEARD program that was announced last year in November. Under the new model, B-HEARD will be fully funded and operated by H and H, with the FDNY being removed from the program. This transition will require a significant effort from H and H, and I would like to learn how H and H is planning for this restructuring under the Mamdani Administration. Provisions in the federal bill, HR1, the ugly one, are resulting in health insurance challenges for a significant portion of New Yorkers. Roughly 450,000 New Yorkers are set to lose coverage under the state essential plan because of the provisions cracking down on the premium tax credit eligibility. Regulations on Medicaid will begin in the coming months, which threatens coverage for legally present non-citizens and those who are out of work. An increase in New York's uninsured population will create significant financial burdens for H and

H, and we are interested to hear the system plan to manage this unfortunate development.

Before we begin, I would like to thank the Finance staff, of course, Amaan Mahadevan, Florentine Cabaret, Aisha Wright for their work on the hearing, as well as the Committee Staff, Rie Ogasawara and Mahnoor Butt for their support. Finally, I would like to thank my Staff, Frank Shea, Juasheena, and, of course, my fellow Kourtney Li.

I would like to acknowledge Public Advocate Jumaane Williams in the house. Thank you.

I will now turn it over to the Committee Counsel to administer the oath to members of the… The Public Advocate always disturbs my flow. Now, I'll turn it over to the Public Advocate for his statement. Thank you.

PUBLIC ADVOCATE JUMAANE WILLIAMS: Thank you, Madam Chair. Much appreciated. Sorry to mess your flow up.

Good morning. As mentioned, my name is Jumaane Williams, Public Advocate of the City of New York. I want to thank again Chair Narcisse and the Members of the Committee on Hospitals for hosting this hearing and allowing me the opportunity to

testify. I also want to thank Dr. Katz and all the folks at H and H for being here and answering questions before the Committee.

It pains me that after the turmoil of the COVID-19 pandemic, which exacerbated health factors across demographics and contributed to staff shortages and high rates of turnover at many of our hospitals, we should find ourselves in a moment of uncertainty again. While state interventions and funding for health care in the Governor's executive budget aim to blunt the impact of federal cuts enacted under the big ugly bill, it is likely that hundreds of thousands of New Yorkers will soon be left uninsured down from the initial 1.5 million New Yorkers estimated following the bill's passage.

In addition to the loss of coverage, these steep cuts are also estimated to result in a loss of generated economic income to the tune of 14.4 billion dollars with direct cuts to hospitals and health systems totaling 8 billion. Job-wise, the state could lose up to 65,000 positions in hospitals and other community health centers.

While the city is limited in what can be done, I look forward to hearing how we can best

support our hospitals and other health care providers.

I also want to briefly highlight the importance of ensuring that our hospitals at H and H continue to find a way to provide gender-affirming care for our TGNC communities. Gender-affirming care is health care and at this critical time when protections are being rolled back and the LGBTQ-plus communities under attack, we have to find a way to be able to support our TGNC New Yorkers who are simply trying to live their lives as authentically as they can.

Finally, I want to turn my attention to B-HEARD. In 2021, New York City launched the Behavioral Health and Emergency Assistance Response Division, or B-HEARD. Whereas the program previously paired FDNY EMTs and paramedics with mental health professionals from H and H, the restructuring proposed by the Adams Administration would have FDNY EMTs reassigned to other emergency response units while shifting management of B-HEARD teams composed of other medical and mental health professionals to H and H. While the previous Administration claimed that this would streamline operations and shift the

program toward a health-first response in addition to further retaining EMT professionals for the most critical emergencies, I am interested in hearing whether H and H has the staffing and funding available to carry out the program's ever-expanding operations and meet the program's current demands. Between 2022 and 2024, B-HEARD teams did not respond to more than 13,000 calls that met the program's criteria, approximately 35 percent of all eligible calls. I do not believe the last Administration had any real intent to make this program work. I have different thoughts about this Administration, so I'm looking forward to what is being done to really see if we can streamline and have this process really be as impactful as we'd like it to be. And if there's other changes that we should be making, I would like to hear that as well.

I look forward to hearing from the Administration how we can improve the program because it is critical. When police respond, particularly first to people in a mental health crisis, those who need help are often subject to use of force, arrest, incarceration, and even death. It is a situation where no one is in a great position at that moment in

time. We have to have an alternative that can actually respond to people in times of crisis, but that also entails prioritizing resources for those who respond. Otherwise, we're endangering not only those who need help, but those who respond. And quite frankly, hopefully we can do a lot more before that call is made in the first place. Appreciate it. Thank you.

CO-CHAIRPERSON NARCISSE: Thank you, Public Advocate.

We have been joined by CM Aldebol, Gutiérrez, and of course, Chair Finance Lee.

And now, I will turn it over to Committee Counsel to administer the oath.

COMMITTEE COUNSEL OGASAWARA: Thank you, Chair. We will now hear testimony from the Administration.

Before we begin, I will administer the affirmation. Panelists, please raise your right hand. I will read the affirmation once, then call on each of you individually to respond.

Do you affirm to tell the truth, the whole truth, and nothing but the truth before this

Committee, and to respond honestly to Council Member questions?

CHIEF FINANCIAL OFFICER Ulberg: Yes.

PRESIDENT DR. KATZ: Yes.

SENIOR VICE PRESIDENT YANG: I do.

COMMITTEE COUNSEL OGASAWARA: Thank you. Now you may begin.

PRESIDENT DR. KATZ: Okay. I'm delighted to be here. I'm glad to be here so soon after our previous testimony. It's a wonderful Committee. I feel like the Hospital Committee should always be headed by a nurse. Perhaps that's legislation that the City Council could consider, but that's up to you. But I'm delighted to be here. And I also want to say, you know, to our Public Advocate that the public has never needed an advocate more than at this moment, given what's been going on so it's great that you're here and that we can work together.

I'm Dr. Mitch Katz. I'm a primary care physician, and I'm the proud President and CEO of New York City Health and Hospitals. I'm joined by my excellent Chief Financial Officer, John Ulberg, to the right, and Dr. Patsy Yang, who does an amazing job running Correctional Health for our city.

I'm pleased to talk about our financial performance for Fiscal Year '26. As the largest municipal healthcare system in the country, Health and Hospital continues to play a vital role in caring for New Yorkers across all five boroughs. We, in fact, are the affordability for healthcare throughout New York City. As people don't always understand, New York City is filled with great hospitals, and those great hospitals do take care of people who are uninsured and who have Medicaid when they're in the hospital through the emergency department. So, if you have a life-threatening emergency, like diabetic ketoacidosis, you will get excellent care, but there's no one to provide ongoing insulin for you. For that, you need the public sector. There's nobody but us to do elective surgery for you. There's nobody to do radiation oncology for you. When the other hospitals talk about the large number of Medicaid and uninsured, they mean through the emergency department, and they are paid for that. The State pays through emergency Medicaid, so there are no uninsured patients in acute care hospitals. But where there is a huge burden and where, because of people like you, New York City has a chance is through

Health and Hospitals, because you have always been stewards of maintaining a public system that takes care of everybody without exception and provides the same level of care to one of Patsy's detainees when she comes to our hospital as we would to a rich businessman or businesswoman. We have one standard of care, and everybody gets it.

We're very proud of the housing programs that we've done. I'm not going to attempt to go through all the past year's accomplishments, but I think it's really interesting that Health and Hospitals has been a leader in housing, and that's because I want to be able to write a prescription for housing the way I write a prescription for an MRI, because that housing is likely more impactful for a homeless person than an MRI. So, we did 93 supportive housing units at Woodhall Hospital with the great communal life organization. We now have more than 100 patients that we're caring for through our respite program, because people leave the hospital, they may no longer need acute care hospital, they can't make it in a shelter, they can't do their activities of daily living. So, we don't want to send them onto the street, so we instead provide them for a place where

we can take care of them. And then if you haven't visited the Bridge to Home, I hope you'll go and come see it, because it, I think, stands to really change the whole dynamics of people with serious mental illness who are homeless.

So, until we open this program, the basic way the system works is somebody comes into an acute care hospital with a psychotic break. They will be cared for lovingly by, you know, doctors and nurses 24 hours a day, but when they're ready for discharge, that's it. There's no next thing. You're sending somebody out onto the street after two to three weeks of excellent care with a bottle of medication and an appointment in three to five days for a case manager. That is our current state of the world. Is it any wonder that most of those people lose their medicines and don't make the follow-up appointment and in two weeks, three weeks, a month later, cycle back to the psychiatric emergency room or wind up under Patsy's care at Rikers? It's very hard to imagine any other possibility of somebody who was distressed enough to need acute hospitalization. Under what scenario does that person do okay, homeless when they leave? It just doesn't make any sense. So now for the first

time under Bridge to Home, we have a place, 24-hour medical nursing care focused on rehab. It's on 33rd Street on the west side right now in Manhattan. More than 50 patients. We've already successfully placed somebody from that program two months into the program, went into supportive housing, which is one of our arguments there too. We all agree the answer is supportive housing, but you can't actually go from the hospital into supportive housing. You need to identify a unit. You have to sign a lease. You have to find the landlord who's willing to do it. So, you need a place for people to be while you're doing all that work. Sometimes people don't have an ID card yet. So, you can't actually, while supportive housing is the answer, you can't always do it. So, again, historically, what do we do? We discharge people to the shelter system where they lose their medicines and they never get to supportive housing. So, the program is full to capacity. We've had no issues with the neighbors. People are happy with the program because it's 24 hours. They're always staffed. We want to open a second program and we have the vision, it's a voluntary program, but keep in mind that people's other alternative is the shelter or the

street, and we're offering roof over your head, your own room, food, rehab, and loving doctors and nurses. People take the offer. We don't have to mandate it. It was full within a few weeks. We want to open a second one. And our vision is that everybody who is distressed enough to need psychiatric hospitalization goes to a place where they can be taken care of after hospitalization, and then we'll move them into supportive housing. And that way we'll have additional slots. We think that in the end, it will likely save the City money because nothing's more expensive than Rikers. Everything we do is less expensive than somebody being at Rikers. And even with wonderful medical care, it is very hard to get better from your distress when you're in an incarceration setting.

So, to talk about the budget, since this is a budget hearing, we intend to close this Fiscal Year on our budget target. November '25, we had a small net budget variance, but that's always inherent in a budget hour size. Revenues come in at different moments in time, but we will close the year on track. The February closing cash was 500 million dollars, 16

days of cash on hand, which is about where we usually are.

In terms of the preliminary financial plan, which the Chair has already alluded to as did the Public Advocate, we are focused on how to respond to what the Advocate calls the big ugly bill, HR 1, and we want to work especially closely with the Department of Social Services, with whom we have a great relationship. If you look at the history of work requirements, especially in Arkansas, people lost health insurance, not because they weren't working, but because they couldn't do the paperwork. And that is the specific goal of the federal government right now. It is to create barriers to people getting the things that they're otherwise entitled to. But what I think that then opens up an opportunity for us is we're New Yorkers, we're the financial capital of the world. Can't we solve that problem for people? What HR 1 says is that you will lose your benefits if you are not employed, disabled, taking care of children, or doing 80 hours a month of volunteer work. Well, personally, I have four skilled nursing facilities where the only qualification you would need to come volunteer with me is the

willingness to sit with somebody who's lonely. They're always looking for a fourth hand in cards. They're always happy to have somebody to talk to. You don't need any skills other than the willingness to talk to someone who's lonely. If people are willing to do that, and we do their paperwork for them, because that's the barrier. If it's our fax machine, our forms, our keeping track of their hours. By the way, my skilled nursing facilities run 24 hours a day, seven days a week. You can come on Saturday, you can come on Sunday, whatever your, you know, family life is. Come with your relatives. We want to figure out with the Department of Social Services, and I already do disability forms. We've sent them to every single doctor. I want to treat this like smart New Yorkers. I mean, yes, people will fall off because nothing's perfect. Nothing is perfect, and we are working on how we're going to take care of more people. But I want to first approach it as smart New Yorkers. How do we figure out how to get the forms in? Because that's what's going to make a difference. It's not that those people are not going to fit one of those four groups. It's that no one's going to open the mail, or people are not literate, or they're

going to get the information in the wrong language. Those are potentially solvable problems, and we should focus on that.

So, with that, I know the Chair, you raised a lot of interesting issues, and I'm looking forward to responding to people's questions and concerns. Thank you.

CO-CHAIRPERSON NARCISSE: Thank you so much. It's always a pleasure to see you, and thank you for understanding. It takes your life experience to understand what's going on. I love it when you say we are New Yorkers. We have to have strategy around what's going on in the federal level, and we have to love our New Yorkers and provide, once you're in New York, you are New Yorkers. We're not controlling immigration. We don't have no borders to control, but we are human beings that want to do the best we can in New York City.

Now, to start, I want to touch on B-HEARD. B-HEARD dispatches mental health professionals instead of police to individuals who are experiencing a mental health crisis. In November 2025, the Adams Administration released a plan to transition B-HEARD to be fully funded and operated by

H and H under a new model. With the FDNY being removed from the program, FDNY EMTs previously assigned to B-HEARD will be reassigned, and the B-HEARD teams will now consist of social worker, which is good, registered nurse, and ambulance driver, all on H and H's payroll. In the Preliminary Plan, H and H is funded for this program at 24.5 million in Fiscal 2026 and a baseline of 35.3 million starting in Fiscal 2027. The Mamdani Administration has yet to publicly comment on its plan for the operation of B-HEARD, including whether it will continue with the Adams Administration plan recognition. Was H and H involved in former Mayor Adams' decision to reorganize B-HEARD? Does H and H support the new model and structure of B-HEARD?

PRESIDENT DR. KATZ: Thank you. So, we're going to work with the new Administration and the Fire Department and all of you for a functional B-HEARD, and that is the important thing. There are a variety of ways to get there. I think what I've been very vocal at, including with the previous Administration, is that the current model, from my point of view, is not working through no fault of any one individual, but there is a structural problem

that prevents the current system from working. And so, let's level set and talk about what the current system is.

So, Health and Hospitals hires the social workers and we train the social workers, and everybody is good with that. I don't think that's ever been an issue. The social workers go out from an ambulance that is currently staffed with two Fire Department EMTs and a social worker in a non-transport ambulance. So, the non-transport ambulance goes out, two EMTs and a social worker, and they then take care of the person. But these are calls unlike most EMT calls in that, in a typical medical emergency, the job of the EMT is to get that person as quickly and safely as possible for definitive care. B-HEARD is a different thing. When you want to de-escalate something, you don't do it as fast as you can. You do it as slow as you can. You're, hi, I'm Dr. Mitch Katz. I'm here, you know, to be of help. Tell me what's going on. How can I help? You know, de-escalation is a slow process. That's what you want. You want to slow everything down, right? So, these calls take a while. If the person then needs transport in our current system,

the ambulance and the two EMTs who have sent cannot do it. They have to call for a transport ambulance. Now, that call is not going to be as high a priority as the person who has substernal chest pain. So, those two EMTs and that one social worker are now going to be waiting on the definitive ambulance with two more EMTs. So, you're now going to have two ambulances, four EMTs, all on the scene in the face of what I'm sure many of you saw the articles I saw over the weekend that because of the below market wages, there aren't enough EMTs. So, of course, the answer is that most calls that are eligible today for B-HEARD are not getting a B-HEARD response. And the way the current system is, there's no other answer to that.

So, what I am in favor of is figuring out a way to get that social worker to that call in a prompt way. And I think there are a variety of ways to do it. I think there are a variety of professionals who could do it. What we had suggested, the idea of having a nurse go was both because they could deal with medical issues like wounds and they could triage whether the person needed to go for other medical reasons, and also because there is not

an absolute shortage of nurses that we could hire, right, while there is a shortage of EMTs. So, my focus is figure out how to get people to the call. If we want to use other ways of doing it, I'm great with that. We will always happily train the social worker. We will happily provide them. I'm good if the Fire Department is able to get higher wages for the EMTs and hire sufficient EMTs. I think that's fine. I still would wonder is the non-transporting ambulance and the need for four EMTs, two ambulances, the right configuration. But I'm happy to work with anything that would result. And I think judging from the Public Advocate's comments about the calls that are not being responded to by B-HEARD, that should be our common goal. Our common goal should be to get the social worker to these calls, and that is not happening under the current arrangement. And I will support any arrangement that gets the social worker there because I think that's our common goal.

CO-CHAIRPERSON NARCISSE: When we're talking about having a social worker and a nurse, can we have a psychiatric nurse that can actually get the call? Can you anticipate that?

PRESIDENT DR. KATZ: You could have a psychiatric nurse. You could have a peer. I think that you could have a behavioral health associate. I think there are a variety of models. We just have to choose one and try it. I just think the current one of the four EMTs in the face of an EMT shortage results in the fact that we don't respond to most of the calls. And one way or another, there have to be either a lot more EMTs hired or we need to generalize the model. Maybe it's one EMT and a nurse. There are a variety of ways to do this. I think from a professional point of view, you want the social worker because that's the person who's going to de-escalate, and you need someone who can do the medical triage, and that can be a nurse. That can be an EMT. And you need some vehicle to transport. I think those are the ingredients that should go to the call. And I think how we do that as a city, again, the city is full of smart people. We tried a model. The model doesn't work with today's workforce. There is a pure shortage of EMTs. I mean, there's both the fact that as you read in the articles, the City's wages on EMTs are much below market. But there's also just a shortage of EMTs. It's a very hard job. And

it's a job that many people will not do for their whole career because of the burnout level of the job. So, one way or another, we need to figure out what is the right configuration. We'll work with any of these possibilities.

CO-CHAIRPERSON NARCISSE: Thank you.

So, I'm assuming there's no implementation of the new model as yet?

PRESIDENT DR. KATZ: No, no. The new Administration is looking at it. I think they and the Fire Chief, everybody understands what the City's goal is, and it's just the question of choosing a model. And from what I read, the Fire Chief's appropriate first priority is pay the EMTs a wage that is consistent with what EMTs are earning elsewhere and see how many EMTs you can hire, and that might then inform your decision as to which way to go.

CO-CHAIRPERSON NARCISSE: So, you have not started hiring anyone from what I'm hearing?

PRESIDENT DR. KATZ: No, no.

CO-CHAIRPERSON NARCISSE: No.

PRESIDENT DR. KATZ: We're awaiting the City's decision.

CO-CHAIRPERSON NARCISSE: And then you don't have the numbers of position in your head as yet?

PRESIDENT DR. KATZ: No, no. Because it's the same issue. We want to see what the City decides is the way you want to handle it.

CO-CHAIRPERSON NARCISSE: Okay. So, what is H and H Fiscal 2026 and Fiscal 2027 budgeting headcount? Do you have a headcount for B-HEARD?

PRESIDENT DR. KATZ: Mr. Ulberg will answer that one.

CO-CHAIRPERSON NARCISSE: It's complex. Sergeant, can you help please? Thank you.

CHIEF FINANCIAL OFFICER ULBERG: Yeah. Good morning. Thank you.

Yeah. Our headcount, you know, continues to climb according to how we've been growing various, you know, programs within Health and Hospitals, but we hover around an FTE total of around 44 to 45,000 people. Year to year, our headcount has gone up about 650 individuals, and I would say most of those in the nursing and other clinical areas. There's been a few administrative supervisory positions added, but we do that very deliberately. But yes, I think when we sat

here post-COVID, right, we had a big problem with temp nurses, and I think we're very happy to report that that's no longer an issue for us. We've hired up over 2,000 nurses, and there's always going to be some temp nurses in the system. But we're at a very, you know, comfortable level. But I think our staffing is as good as it can be. We have shortages in critical areas always, and we're working on that. But our headcount is stable.

CO-CHAIRPERSON NARCISSE: It's good, stable.

So, what's the actual headcount, you think, for B-HEARD in Fiscal 2026? Do you have that?

CHIEF FINANCIAL OFFICER ULBERG: Oh, for B-HEARD, I'm sorry. For B-HEARD, I'd have to get back to you on that.

CO-CHAIRPERSON NARCISSE: Okay.

PRESIDENT DR. KATZ: But we only have the social workers. We only hire the social workers.

CO-CHAIRPERSON NARCISSE: But when it's fully under you, you're going to have to do all the staffing.

PRESIDENT DR. KATZ: Right. But we're currently awaiting this decision on whether that's

going to happen, or we're going to choose one of the other hybrid models.

CO-CHAIRPERSON NARCISSE: Got you.

Are current registered nurses being dispatched to B-HEARD now? Do you know?

PRESIDENT DR. KATZ: No. They're not.

CO-CHAIRPERSON NARCISSE: Okay. So, we anticipate that that's going to be implemented if you choose that model?

PRESIDENT DR. KATZ: Right. If they choose that model, then we're prepared to implement it. We're prepared to work with any of the models the Administration and Fire Department want to do.

CO-CHAIRPERSON NARCISSE: Okay. In FDNY's testimony at last week's preliminary budget hearing, FDNY testified that they are still involved in B-HEARD and anticipate funding being shifted back to their budget in the future financial plan. In which way do you foresee FDNY being involved back in, I mean, B-HEARD?

PRESIDENT DR. KATZ: I think the money that was shifted back was meant to make sure that the differential was continued to be paid for the EMTs, which I fully support, because otherwise we won't be

able to have any EMTs in the city. The differential is part of what's keeping people there. But I think the final, you know, budget numbers will depend on the decision of the Administration and the Fire Department, how they want to do this program going forward.

CO-CHAIRPERSON NARCISSE: Since we keep talking about EMTs, so I'm going to throw that in. Any effort to recruit to kind of like from high school or college to get some EMT? Do you have any plan in mind for that? Because I know you're smart.

PRESIDENT DR. KATZ: We don't know. I think that'd be Fire Department to decide. But if you just look at their current salaries, there's an equity problem because they're paid so much less than their colleagues from Fire when they graduate. And they work very hard. And then there's also a market issue that the EMTs that are working in the private sector are earning substantially more. So, very hard to get people to come work for the Fire Department if they can earn 15,000 dollars more in the private sector.

CO-CHAIRPERSON NARCISSE: So, you don't have no thought of, you know, about that? Do you kind

of like give any recommendation? Because you need the EMT.

PRESIDENT DR. KATZ: I would recommend that the City pay a fair wage to the EMTs.

CO-CHAIRPERSON NARCISSE: Okay. That's what I was going to get.

B-HEARD response times have been increasing since the start of the program in 2021. In fact, the median B-HEARD response time grew from 12 minutes, I think the Public Advocate was talking about that a little bit, in Q4 of Fiscal 2021 to roughly 21 minutes in Q3 of Fiscal 2025. How does H and H plan to improve B-HEARD response time under the new structure? Because you're going to have problem with the new structure because it's not detailed yet, but I'm still going to ask that.

PRESIDENT DR. KATZ: Well, if we went to a new structure, we would solve the problem that there are not enough EMTs currently. But if the City fixes the wages, and then Fire is able to hire enough EMTs, that might fix the problem from that way. Or maybe we eliminate the non-transport vehicle, and we go to two EMTs and a social worker in a transport vehicle, and then you ultimately don't need four EMTs for each

call. So, again, I think there are a variety of ways that the program could be reconfigured so that we could respond rapidly and more often. It's both that the responses are slow, and many calls are not even going to B-HEARD because they don't have the staffing of the EMTs in order to send B-HEARD.

CO-CHAIRPERSON NARCISSE: So, I can see if you said we can decrease the amount of EMTs and increase their pay.

PRESIDENT DR. KATZ: We absolutely could. Well, I don't know that you could decrease the -- you could decrease the EMTs to this program so that they could respond…

CO-CHAIRPERSON NARCISSE: To this program, yes.

PRESIDENT DR. KATZ: You know, or that if we went with a transporting vehicle, then you wouldn't have to wait the additional time for the second ambulance with the two EMTs to come, and that would make it faster and more efficient as well.

CO-CHAIRPERSON NARCISSE: I was going to ask you, what issues has H and H identified with B-HEARD response procedure? You know, under the prior model, you have been talking about it, so got it.

What is H and H target median response time for B-HEARD by the end of the Calendar Year of 2026?

PRESIDENT DR. KATZ: I think any of the models that we're talking about would substantially shorten the time. I think ultimately you got to know how many EMTs the City has and whether we're going with that model or not.

CO-CHAIRPERSON NARCISSE: In the first three quarters of Fiscal 2025, only 38.5 percent of emotional disturbed person calls deemed eligible for a B-HEARD response were actually assigned to a B-HEARD team. The metric was worse in Fiscal 2025 than it was in any other year of the B-HEARD pilot. In May 2025, former Comptroller Lander released an audit of the B-HEARD program, which argues that the Office of Community Mental Health is not collecting specific and enough data to understand and resolve the issues with B-HEARD. Under the new B-HEARD model, which you don't have, so you don't have to go forward with that, you don't have the model, you know, do you have any collecting data, that basing that you can say that you have?

PRESIDENT DR. KATZ: I think what the Comptroller really hit on is that most eligible calls are not getting a B-HEARD response because the way we're currently staffed, we can't… there are no four EMTs to handle these calls and the response will only deteriorate until the City has enough EMTs or chooses another model to or some hybrid. It doesn't have to be no EMTs, right, there are a variety of hybrid models that would be possible here.

CO-CHAIRPERSON NARCISSE: Are you collaborating with OCMH to understand all the detail of the issues that we're facing?

PRESIDENT DR. KATZ: Yes. We have a great relationship with them.

CO-CHAIRPERSON NARCISSE: Can you help us to understand why many emotional disturbed person calls eligible for B-HEARD do not receive a B-HEARD response? How can this issue be resolved? Assuming that you…

PRESIDENT DR. KATZ: Under staffing. It's the same. There's not enough staffing right now of since every call requires at least two EMTs and four if there's a transport, there's just not enough EMTs right now to respond.

CO-CHAIRPERSON NARCISSE: Okay. So, I'm assuming that's what's the main issue?

PRESIDENT DR. KATZ: Yes.

CO-CHAIRPERSON NARCISSE: We've been joined, I don't want to forget my colleagues, Hanks and Brooks-Powers and P. Sanchez. We have two Sanchez, I have to make sure.

Warming centers. New York has just endured one of the harshest winters in modern history. In response, many emergency warming centers were open to protect individuals in need. The Preliminary Plan includes one-time funding of 5 million dollars in Fiscal 2026, which is the total budget for this warming centers. How many warming centers has H and H operated in 2025 and 2026 and where are they located? How does H and H determine which facilities to designate as warming centers?

PRESIDENT DR. KATZ: So, all of the hospitals were designated as warming centers and we also use some of the outpatient Gotham. I think the big lesson for the City and I think it's consistent with the direction that the City Council has been going, is that it's actually turned out not to be enough to have the warming centers. So, we opened the

warming centers, a bunch of people came but then there was still a bunch of people on the street freezing to death. What's changed that was we started sending out little ambulettes and interacting with people on the street. So, there's a, you know, not everybody gets the memo, not everybody because you open a warming center goes to the warming center. So, what we found was when we individually and the ambulettes went at night, they went on the weekends, they went during the day to all the places where homeless people were and they said, please come with us to the warming center, and about two-thirds of the people when given the invitation to come in a transport vehicle went, even though they could have gone at any time but they needed a way to get there or they needed the additional motivation. And for the third of people who said, no, I'm not going, we would give them blankets and hand warmers and food and extra socks and hats and mittens so that everybody got something, and I think that was really why we had no further deaths after we implemented the ambulettes. So, I think, you know, the lesson for the City is it's good to have warming units, it's good to have the buses, but there is a group of hardcore

street living people that are not just going to come to the warming center just because you opened it, and for those people you actually have to go out and find them and bring them in. And so, that's why the preliminary budget includes the money to reimburse for both the cost of the warming centers and for the cost of the ambulettes that went out, and I think the City is still looking at that as a potential model for how to engage homeless people who are on the street.

CO-CHAIRPERSON NARCISSE: So, what's the total? Because I know you say all the hospitals. So, what's the total? All the hospitals.

PRESIDENT DR. KATZ: Eleven. There are eleven.

CO-CHAIRPERSON NARCISSE: No. All the total that you have it. I know all the hospitals, eleven.

PRESIDENT DR. KATZ: Okay. And then do you have how many Gotham sites? I think there were four Gotham sites.

CHIEF FINANCIAL OFFICER ULBERG: Yes, four.

PRESIDENT DR. KATZ: So…

CO-CHAIRPERSON NARCISSE: Fifteen.

PRESIDENT DR. KATZ: We did a total of fifteen.

CO-CHAIRPERSON NARCISSE: Fifteen.

What's the headcount dedicated to warming centers in Fiscal 2026?

CHIEF FINANCIAL OFFICER ULBERG: Yeah, I don't know.

PRESIDENT DR. KATZ: We will have to get back to you on an FTE. A lot of the work, since it was emergency based, was via a bidded contract for emergency services. So, it was more paying for a set of services than FTEs.

CO-CHAIRPERSON NARCISSE: Thank you.

Do all warming centers have the same capacity and headcount?

PRESIDENT DR. KATZ: No. Bellevue, not surprisingly, was the largest.

CO-CHAIRPERSON NARCISSE: Thank you.

What supplemental services were offered at H and H warming centers?

PRESIDENT DR. KATZ: Food, and we emphasized soup, right? Cold day, you know, give somebody a bowl of soup is a warming gesture. We

provided medical care, either emergent if people needed it. We treated frostbite, and then we offered people an opportunity to get an appointment without waiting the next morning to meet their medical needs and any medicine needs. I'll also note that from Bellevue, two of my senior leaders actually carried a mostly frozen man, two of them at each end, into Bellevue's warming center. As they were leaving the campus, they saw him on the street. So, we have a very, you know, mission-driven group of people who want to save lives, and some of the people who were in those warming centers would have frozen to death on the street.

CO-CHAIRPERSON NARCISSE: So, you were connecting them to the wraparound services?

PRESIDENT DR. KATZ: Correct, correct.

CO-CHAIRPERSON NARCISSE: Thank you.

PRESIDENT DR. KATZ: And we never made people leave. Some people just stayed. People didn't necessarily leave in the morning because it was equally cold. We just kept the bathrooms going, the food going, supplies.

CO-CHAIRPERSON NARCISSE: Appreciate it because we make us better people, take care of each other.

And one of the complaints I had once is just like they were not getting food. I just want to bring that to your attention because you say food in there.

PRESIDENT DR. KATZ: Right. Emergency operations always have little hiccups based on, right, I mean, all of this was in emergency operations as they sound, right? You can't plan them, right? They happen and all of a sudden you need enough food. So, yes. But in some cases, we did vouchers. We did everything we could. Nobody starved, but it may have been a little uneven at moments.

CO-CHAIRPERSON NARCISSE: I know. Sometimes people want everything when they're in the hospital. I'm an ER nurse, so you're preaching to the choir. They want everything when they just walk in and you did not have any plan in place and you're trying the emergency way to make sure nobody starve, but it is what it is. So, we can do better because that's the first time we kind of started. I'm hoping under your leadership that we do better.

There are some assumptions that food services were not available, like we said. They complain of different things. So, now we're going to do better as we move forward. But now the question is, all funding for warming centers was added as one-time funding in the Fiscal 2026 preliminary budget. In terms of the better planning, what isn't funding for warming centers baseline?

PRESIDENT DR. KATZ: So, I think what you have is a request to reimburse for the existing expenses. But I think going forward, what we want to do is figure out, you know, what the City's role is in terms of engaging people in extremes of temperature or other kinds of emergencies, right. Cold is just one kind of emergency. You can have heat emergencies. You can have flooding, right. You can have days and days of rain, right. So, I think what everybody and you alluded to this Chair, in an emergency, you move as fast as you can, you do the best you can. But then you try to learn from it, right, and one of the things we learned was the value of ambulettes, and the idea that just because you create centers doesn't mean people are going to go, and the same will be true if there's a flood. The

same will be true if there's a heat emergency. Everybody is not going to go, right. I mean, we, of course, you know, it's on 3-1-1. We tell the community advocates, but everybody doesn't go. So, you know, we need some system to be able to go out. We know where homeless people are on the street. That's well known because the outreach workers are doing their work every day. So, the question is, why can't we go and get them, or at least, again, not everybody, even when offered, will go, but two-thirds went, and the others got at least a blanket. So, let's figure out how for other kinds of emergencies, we're prepared to help people.

CO-CHAIRPERSON NARCISSE: Absolutely.

Street health outreach and wellness events have been used as part of the effort to provide warmth for individuals in need. With these operations carried out using existing SHOW funding, or will SHOW's budget need to increase to cover these expenses?

PRESIDENT DR. KATZ: Well, SHOW, which again, just for everybody to understand, is based on the same idea that just because you have services at a hospital or clinic doesn't mean that people who

need those services go. So, SHOW is a van that's right there on the street, and it goes to the same spot every specific day. So, it has a spot on Monday, it has a spot on Tuesday, it has a spot on Wednesday, all through the neighborhoods so that people know when to go, and it's all low barrier. If all you want is a sandwich and socks, you get sandwich and socks, right, but we also have the ability to do everything, including to put people on opiate overdose treatment through telepsychiatry. So, because we have the telecapability, we can log into any emergency room and provide the full level of care. But if what the person wants is socks and food, they're going to get socks and food. But it is different than pure street outreach, which is about engagement and getting people to go somewhere. In the case, the SHO van is coming to you. And again, we have to be respectful of different ways people will accept their services. So, now what we're talking about with the SHOW vans, and based on this ambulette experience, is maybe even the van is not enough. Maybe sometimes you need people leaving the van to go out and find people in the surrounding areas and bring them to the van. And, you know, I know to some people, this might seem

ridiculous, but I've heard supportive housing programs that have clinics on the first floor talk about how if they don't go and knock on the client's apartment door to say it's time to go to the clinic on the first floor, the person doesn't come, right. You have to be culturally competent in whatever population you're talking about. And in this case, people have bad experiences with healthcare and they want to know who's taking them. So, we're currently figuring out what the appropriate SHOW van budget should be if we're going to expand services on a deeper level.

CO-CHAIRPERSON NARCISSE: The preliminary plan was released before the end of the winter season. Will any additional funding for warming centers be reflected in Fiscal 2027 executive budget?

CHIEF FINANCIAL OFFICER ULBERG: For the warming centers, no. Those were one-time dollars.

I do have a correction to make. I think we said five Gotham sites. It was actually seven was the total number of sites with Vanderbilt and Roosevelt being the other two. So, I want to make sure I corrected that. Thank you.

CO-CHAIRPERSON NARCISSE: I would love to talk to you all day, but I have to get my colleagues to see.

Chair Lee, do you have any questions?

CO-CHAIRPERSON LEE: Hello. It's good to see you.

PRESIDENT DR. KATZ: Good to see you.

CO-CHAIRPERSON LEE: Such a huge fan of yours. I know I don't need to say that, but I really am such a huge fan just of your whole person-centered approach to healthcare, which is very much needed, especially during this climate. I love the conversations about B-HEARD because, as you know, as a former Chair, we have the current Chair here of the Mental Health and Addictions Committee, this is something that I focused a lot on just because I was so frustrated with the silos of what we saw happening. So, it's great that things are… it seemingly is more going to become hopefully clear and centralized because whenever we would ask questions at the hearings, it was a little like, yeah, we're overseeing it but not really involved, and so, it's great that you guys are taking lead on especially hiring the social workers.

And just want to echo the fact that I totally hear you because when I was at my non-profit, we used a lot of the community health worker models, we used a lot of the peer models because I do think that that works, especially with populations like this.

And this is actually not in my questions, but just out of curiosity for folks that maybe not are familiar with the different outreach programs, and I know this is more with DOHMH, but is there a coordination with the different mobile outreach teams like IMT and ACT and the others that are out there in coordinating with B-HEARD as well?

PRESIDENT DR. KATZ: They do.

CO-CHAIRPERSON LEE: Okay.

PRESIDENT DR. KATZ: They all can look in the PSYCKE's database.

CO-CHAIRPERSON LEE: Yes.

PRESIDENT DR. KATZ: So, find out who is the most recent person, who's the best person. Everybody has a best person to talk to, to get to know them.

CO-CHAIRPERSON LEE: Yeah. No, definitely.

And definitely want to echo your sentiments about housing because that is the number one social determinant of health as we know. And so, more so than jobs or anything else, if they don't have housing, it's very hard for them to become stable. So, I totally agree with you on that.

And now, more boring questions about medical debt relief, which are very important, but I could talk about B-HEARD all day, so let me just transition to the medical debt relief. So, in January 2024, then Mayor Adams announced an investment of 18 million over three years to relieve over 2 billion in medical debt for around 500,000 working class New Yorkers. This investment was announced in partnership with Undo Medical Debt, a national non-profit based in New York City. So, how many individuals have been served and how much medical debt has been relieved for New Yorkers since this announcement?

PRESIDENT DR. KATZ: Do you have the numbers? Why don't you read the…

CHIEF FINANCIAL OFFICER ULBERG: We signed a contract in December of 2025 with a group called Undo, which paid H and H 4.6 million dollars for 1 million accounts with a balance over 1.1 billion.

PRESIDENT DR. KATZ: But that's just… so, I think the answer may be that it's DOHMH to get the whole city-wide number. We only know the number of Health and Hospitals, which was a pretty small number.

CO-CHAIRPERSON LEE: Okay. Perfect. So, we'll follow up on that.

And is New York on track to relieve the full promised number of people and amount of medical debt by the beginning of 2027?

PRESIDENT DR. KATZ: I think, again, it's a more DOHMH question.

CO-CHAIRPERSON LEE: And this is more relevant for your portion. Has any portion of the 18 million funding been added in H and H's budget?

PRESIDENT DR. KATZ: Well, we got…

CO-CHAIRPERSON LEE: Aside from the 4.6?

PRESIDENT DR. KATZ: Just the amount that John read.

CO-CHAIRPERSON LEE: Okay. The 4.6?

PRESIDENT DR. KATZ: Yes.

CO-CHAIRPERSON LEE: Okay.

In October 2025, former Mayor Adams announced the opening of eight new New York City

Financial Empowerment Centers, and these centers help New Yorkers with financial planning to avoid going into medical debt in the future, and the centers are run by DCWP at H and H facilities. And so, how many financial empowerment centers are currently in operation and which hospitals are they located in?

PRESIDENT DR. KATZ: We would have to get back to you on that.

CO-CHAIRPERSON LEE: Okay.

PRESIDENT DR. KATZ: But we will.

CO-CHAIRPERSON LEE: Okay. Thank you.

PRESIDENT DR. KATZ: And maybe a good moment, you know, for people listening to recognize, I mean, Health and Hospitals is a good solution to avoiding medical debt.

CO-CHAIRPERSON LEE: Exactly.

PRESIDENT DR. KATZ: Right. I mean, you can have the same NYU doctor deliver you at Bellevue as at NYU next door. And one, you're going to have a very large bill that's going to require getting debt relief. And one, you're not going to have a bill at all if you're a low-income woman. So, we want to make sure that people understand Health and Hospitals, we, as one indication of, you know, how we are different,

we are the second, third, fourth, tenth, and eleventh best skilled nursing facility in the State of New York, which has over 300 facilities. We have four of the top ten primary care sites in the Health First network, and I think they have like 400 sites. So, if people can get… everyone may not know that they can get state-of-the-art medical care without incurring debt by using one of our facilities.

CO-CHAIRPERSON LEE: Which is why I'm always such a huge fan, because as we know, the health insurance sector is very flawed.

PRESIDENT DR. KATZ: Very flawed.

CO-CHAIRPERSON LEE: And I had that experience firsthand when we tried opening up our outpatient mental health clinic at KCS, and it was very, very frustrating, and so, I totally hear you, because that's why I think especially we need to support. And I know, obviously, the Chair is a huge fan of H and H hospitals as safety net hospitals. So, we need to support, definitely, for sure, because you guys do take care. And as we know, if we do invest more in the prevention side, we can save the City and State dollars, which is super, super important, which

is why we focus so much on prevention in the past several years.

And so, but for the actual financial empowerment centers, do you have budget… does H and H's budget include funding for the centers as well? Or no, that's strictly through…

PRESIDENT DR. KATZ: Yeah. What department is it through?

CO-CHAIRPERSON LEE: DCWP?

PRESIDENT DR. KATZ: DCWP.

CO-CHAIRPERSON LEE: Okay. So, that's totally… okay, and they just utilize your facilities and help…

PRESIDENT DR. KATZ: Correct.

CO-CHAIRPERSON LEE: Okay. Perfect.

And how does H and H advertise these centers to its patients? Is it through the social workers or folks when they're discharged?

PRESIDENT DR. KATZ: I've certainly seen signs, and I know that people do it through the social worker, right? We do… every patient that I see has on my record what their unmet needs are for housing, food, income assistance. And automatically, if one of my patients says yes, that automatically

calls for a social worker to reach out to that person either during my visit or right after the visit. So, people are well-connected now. I mean, the people I worry about are the people who are not attached to our system.

CO-CHAIRPERSON LEE: Exactly.

PRESIDENT DR. KATZ: We're just out there maybe because they don't have a medical need, or they're avoiding getting their medical needs met for fear of huge bills, don't realize they're a system that could care for them, and trying to figure out how to get those people into the empowerment centers.

CO-CHAIRPERSON LEE: Right. Exactly. Because what we don't want is for them to use the ER as their primary care.

PRESIDENT DR. KATZ: Correct, correct.

CO-CHAIRPERSON LEE: Right.

Okay. And this is not a question you have to answer right now, but if you could let it sit and if you could get back to us. But would you have any ideas for City legislation to assist New Yorkers who are struggling with medical debt?

PRESIDENT DR. KATZ: Well, again, I think… I mean, I have a few thoughts. I mean, one thought is

for all of us to do a better job teaching people about the public sector and how the public sector in this city, and this is not true elsewhere, is very competitive in terms of quality by objective measures. Queens Hospital is a Leapfrog A, which almost no hospital in New York is. So, you know, we have top facilities. I think the City can also, as a landlord, have certain requirements about sending bills to people who are low income, and that is done in other localities where if you want to be running a hospital in our city, you know, we could have rules that say you cannot, you know, charge more than a certain amount. That was something that I know San Francisco had done when I was there. And we can choose what level it is and we can say that, you know, if you are a hospital in New York City, here are your requirements in terms of counseling people about what their likely bill is going to be and about not charging if they are below a certain amount. And, again, because in New York State, and this is not true in other places, there are no uninsured hospital people. So, the rates may be… and the hospitals may point out that the rates are inadequate, but they're still getting paid something. So, you know, my view

would be that below a certain income, you shouldn't be sending a bill, or you should have, you know, a negotiated, if you're below 100, 150, 200, maybe there's no bill. If you're 200 to 300, here is the maximum that you can be billed. So, I think, you know, that could be done, I think, on a City or a State level.

CO-CHAIRPERSON LEE: Really good feedback.

And I know that hospitals may do that individually, but it would be great to do it.

PRESIDENT DR. KATZ: Correct. I mean, I think it's, as you say, for both hospitals and clinical practices, it's all over the board.

CO-CHAIRPERSON LEE: Right.

PRESIDENT DR. KATZ: There are places that are phenomenal and that make sure that nobody gets a bill, and there are other places that put people into bankruptcy. So, maybe the role of government in this case is to equal the playing field.

CHAIRPERSON NARCISSE: I had one comment. That's why the Speaker Menin, the transparency bill was about trying to make sure folks not charging 20,000 dollars for one procedure, and then 1,000 dollars somewhere else, then we all end up suffering

in the City of New York. And mental health is a problem when you send those bills to those folks. Some of them probably want to kill themselves. Who knows? Because there's a lot of people who don't know what to do. Because when those bills come, we're talking about 40,000, 50,000 dollars of a bill of somebody that's making less than probably 20,000 dollars or 30,000 dollars a year. So, I just want to highlight that.

CO-CHAIRPERSON LEE: No, yeah. I was going to say the Hospital Transparency Act. I know Ginny Han (phonetic), maybe some of the other groups in private hospitals are not big fans of it, but I think it's absolutely necessary for us to figure that out. And I know when I was doing my internship in the Social Work Department of one of the big children's hospitals that's private, it also depends on who the director is, right? Because she was very good about looking and going through those and seeing who they can help and who they could give debt relief to. but I know not all hospitals are doing that.

PRESIDENT DR. KATZ: Correct. Very variable.

CO-CHAIRPERSON LEE: Very good.

Okay. And are you partnering with any philanthropic entities also related to this, like any non-profits or foundations that are able to help with this in a public-private way?

PRESIDENT DR. KATZ: Well, I'm blocking on the name. Right. We love working with Undo.

CO-CHAIRPERSON LEE: Got it.

PRESIDENT DR. KATZ: We think they're very good. Right. Robinhood helps us on a variety of anti-poverty programs.

CO-CHAIRPERSON LEE: Okay. Perfect.

And I will yield my time. That's it for me. But just wanted to again say thank you so much for all of your work.

Thank you, Chair.

CHAIRPERSON NARCISSE: Dr. Katz, I want to be real with you. There's a lot of questions so we're going to have to try to go through it, and some of my Colleagues have questions and I'm trying to let them work out something, who's going to be the first one to question?

All right. CM Cabán.

COUNCIL MEMBER CABÁN: Thank you.

Thank you for being here.

I'm just going to dive right in. I know that H and H has plans to operate three correctional health outposted units located at Bellevue, Woodhull, and North Central Bronx hospitals, and construction of the Bellevue unit is complete, and the unit is awaiting approval to open. And then there's the Woodhull and North Central Bronx units that are scheduled to be completed in 2029. Can you talk a little bit about what mental health services will be offered in these outposted units and what the operating budgets of each outpost units will be?

SENIOR VICE PRESIDENT YANG: Hi. Thank you.

Yes, at Bellevue, most of the patients there will be coming from our infirmary, the medical infirmary. Currently in the infirmary, we have a mental health therapeutic housing unit for people who have medical and mental health needs, a PACE unit. That's 10 beds. We're expanding that to almost 30 beds at Bellevue. Woodhull and NCB will be more heavily for mental health patients.

COUNCIL MEMBER CABÁN: Okay. And can you talk more specifically about what some of those services are in the operating budgets for each?

SENIOR VICE PRESIDENT YANG: At Bellevue?

COUNCIL MEMBER CABÁN: No. The operating budgets of each outposted unit. So, Bellevue, Woodhull, and North Central Bronx.

SENIOR VICE PRESIDENT YANG: The services that will be provided?

COUNCIL MEMBER CABÁN: Yeah. What the outpatient… what the budget is for those services.

SENIOR VICE PRESIDENT YANG: So, Correctional Health Services will be providing medical, nursing, mental health services, social work services, discharge planning, everything that we… dental services, radiation, radiology, dialysis, everything that we do now on Rikers. On top of that, the specialty services that we will be accessing from Bellevue, which might be oncology, for example, is something that would be brought onto the unit where possible or within Bellevue.

PRESIDENT DR. KATZ: So, I guess the problem is, well, two issues. First…

COUNCIL MEMBER CABÁN: What numbers.

PRESIDENT DR. KATZ: We don't ever cap services. So, everybody who needs acute psychiatry will get it. Because part of why we put the units on

the hospitals was because that's where we have all of the psychiatrists. So, the assumption is that for the additional services, they'll just get it. I don't…

COUNCIL MEMBER CABÁN: If I may, they will get it, but the services are not equal, right? A lot of us walked through Bellevue and we were shown a unit that was completed, a psychiatric unit was completed, and one that wasn't. And the doctors said, hey, listen, we get better health outcomes in this environment. So, I understand you're not going to turn anybody away, but the realities around what kind of care people are getting. But I am really interested, are there numbers that you can offer in terms of the operating budgets for each of these outposts?

PRESIDENT DR. KATZ: I don't think we have… yes, but we can certainly produce it for Bellevue.

SENIOR VICE PRESIDENT YANG: Yeah. At Bellevue, I mean, these will be residential jail beds. 104 patients will be coming. Right now, almost all of them are in the infirmary now. Significantly for nursing support services and medical, there will

be psychiatric and behavioral health services available to them.

PRESIDENT DR. KATZ: So, we'll provide that. We'll do the budgets of what that is.

COUNCIL MEMBER CABÁN: Okay. Great. Yeah. These are the prelim budget hearings. We want some numbers.

SENIOR VICE PRESIDENT YANG: Yeah. The staff whom we have right now in the infirmary on Rikers will be traveling with our patients. It'll be the same.

COUNCIL MEMBER CABÁN: Okay. So, yeah, we'd just love to get that followup. I'm sure the Chair would too.

And then my last question, and I'll cede the rest of my time, because I know some Colleagues have a time crunch also, is just switching gears to the threat of federal immigration authorities invading City hospitals. Can you talk a little bit about guidance that staff is given, especially staff that's in public-facing roles, whether they're trained on immigration enforcement protocols, document verification, bystander rights, violation reporting, and maybe even this bigger piece is like,

does H and H have response teams set up, which include legal counsel, to manage interactions quickly with immigration enforcement and review official documents at all the public hospitals?

PRESIDENT DR. KATZ: Sure. So, we've done training. We have a specific policy, and here's how it works. Somebody comes in to a lobby, which is not a private space, and they say, I'm ICE, and I want to blah, blah, blah. First thing that staff are told to do is you have to get an ID, because for that matter, anyone could say that I'm ICE. How do you even know that they're ICE? So, first step is, you know, ID. Second step is I need to call our legal counsel in order to tell you, and this is important because there are all kinds of legal pieces of that someone could have. You could have even something that was signed by a judge, but it's an administrative judge and is not actually, you know, valid for entering our facility. And so, people are told, and we have our general counsels around 24 hours, seven days a week. They have responded on weekends. They have responded in the evenings. And so, they then negotiate whether or not the people have the appropriate paperwork or not, and the times when they have not had the

appropriate paperwork, we have so far always had them be willing to leave. What we do worry about is we do instruct our people that if somebody, an ICE agent who has a gun and is saying, you know, you are disrupting me doing government work, you should not put your body in front of the gun, but you should call the attorney. And we can certainly, as you referred to, we can put in complaints about inappropriate behavior by ICE agents. So, so far, again, we've been okay. There have been several rumors, and it's an interesting issue. There have been ICE agents in our hospitals because they're bringing patients. So, that part is good, right? In other words, they have somebody who they have incarcerated who needs medical care. Well, we want to provide the medical care, but one of the challenges is that then results in a patient in our ED with ICE agents, which has then furthered rumors that there are ICE agents at the hospital. But of course, it is a reasonable function for us to provide medical care for those people, right? We want to do that. We're the best people to do that. So, we've tried to figure out how to, like, have it be in a private space so that people don't see two people wearing ICE jackets

in the ED. But we don't want to turn away. We also had a very public episode where a Homeland Security agent, who is therefore assumed to be ICE, but Homeland Security is not the same as ICE, came to our ED with an injury, and people were like, you know, we don't want ICE here. Well, wait a minute. This is, A, this is not ICE. This is Homeland Security. And I know it's confusing, and I don't think I knew the difference at the time, but there is a difference between Homeland Security and ICE.

COUNCIL MEMBER CABÁN: Well, the problem is, is that they're all being deputized to do some of these same things.

PRESIDENT DR. KATZ: Yeah.

COUNCIL MEMBER CABÁN: So, there's a distinction and maybe there's not a distinction.

PRESIDENT DR. KATZ: Yes, I totally agree. But in this case, it was somebody who was injured, right, and they deserve humane care. So…

COUNCIL MEMBER CABÁN: Absolutely.

PRESIDENT DR. KATZ: We're… you know, but it has then spawned these rumors. But to date, I'm happy to say we have not had any case, we've had people come, but they've all gone away when we said

you do not have the appropriate paperwork. So far, we have not had anyone, again, who's refused to go away.

COUNCIL MEMBER CABÁN: Thank you.

PRESIDENT DR. KATZ: Thank you.

COUNCIL MEMBER CABÁN: Knock on all the wood now.

PRESIDENT DR. KATZ: Yeah.

CHAIRPERSON NARCISSE: Thank you. You can stay with me for more questions later.

CM Brooks-Powers.

COUNCIL MEMBER BROOKS-POWERS: Thank you. And hi, Dr. Katz. Congratulations on your reappointment. It's always great to see you.

I am going to ask all of my questions in the interest of time and, if you need me to repeat anything, please do. I thank my Colleagues in advance for allowing me the opportunity to go right now.

So, you've been a strong partner on the Far Rockaway Trauma Center efforts and understand the health needs of our community. In this past Fiscal Year, is there any updated data you can share on the trauma healthcare needs of the Rockaway Peninsula, including the number of trauma incidents, the average

travel time for those patients to the nearest trauma facility, and any other relevant data?

Also, regarding the trauma facility, the capital commitment plan includes 50 million dollars that was added in Fiscal 2025's adopted plan for construction expenses associated with the planned trauma center on the Rockaway Peninsula. One, has ownership of the chosen site transferred from NYCHA to the City? When is the construction of the trauma center expected to begin? And two, what is the total projected capital budget for this project?

In terms of the Gotham Far Rockaway Primary Care Center, the Fiscal 2026 to 2030 preliminary capital commitment plan includes 19.9 million dollars for construction expenses associated with this new comprehensive community health center, which will help expand access to primary care, women's health, dental, vision, and mental health services for the Far Rockaway community. Is the center still scheduled to open in late 2027? What is the projected total capital budget for the center? And we have previously discussed the possibility of opening a Gotham Primary Care Center in my Council

District. Do you think this will be feasible in the near future?

And lastly, I'm going to pivot to Bellevue, and just wanting to understand if there's an update on any recent communication from Health and Hospitals with the Department of Corrections regarding the 104 beds at Bellevue and do we have an idea of when it will come online as well?

And again, I can repeat any questions and thank you, Dr. Katz, as always.

PRESIDENT DR. KATZ: Thank you. It's been a joy to work with you on the Trauma Center because you really care about the community and what the community wants and they've been very clear.

I don't have updated data. I'm happy to try to get it via Fire Department, but I think what we can know and you have taught me is that the overall population of the Rockaways is growing. So therefore, without even seeing the data, you and I know that the calls are growing because, in fact, that's how you determine the need for trauma centers is based on population size because you can predict a certain number of traumatic events if you know the size of the population. So, when you and I looked at

it, it was already a compelling case, and so, you know, further updates are just going to make it more compelling because the population is growing and therefore, the need will grow.

In terms of average travel time, say the same thing that you and I know, traffic in New York is only worsening, right? So, there's no improvement in average travel time, and we know from cases of both the police officer who was shot and other citizens and residents of the Rockaway who've had their care hurt because of the long travel time which can easily be 45 minutes or longer to Jamaica Hospital depending upon what the traffic looks like on the causeway. And that, for New Yorkers, other parts who live in other parts know that they have rapid access to trauma centers and people on Rockaway don't, and that's why, you know, I think this is so important.

We have the 50 million. Your office has been very helpful in continuing to work with NYCHA. We've gone forward to say the process should happen. It's a year-long process. I think there's nothing in New York City like real estate to make a project real, right? That's real estate in New York… having

the right spot to do something is probably more important than almost anything else in our congested area. Your Committee identified the right spot. You and I went to it ourselves. We looked at it right near the train station, away from other houses, two major thoroughfares. So, it's everything (TIMER CHIME) that we would want in a trauma site location, and NYCHA does not have any plans for that land. So, we're not taking away anything, right? There is no plan right now to build…

COUNCIL MEMBER BROOKS-POWERS: Except for the trauma hospital, of course.

PRESIDENT DR. KATZ: Well, yes. I mean, there's no plan for housing. So, I don't want anyone to think we're compromising housing by doing this. So, you and I know it's a year-long process that requires federal sign-offs. I think once we are able to secure the land, we can then go into design and construction. I think still to be determined is what the size is and what level we're going to aim for first. So, you know, I don't yet have a, you know, capital budget or operating budget, but I really think that once we get the land, it's going to so solidify because until you can tell people, here is

the plot, very hard to construct the building, right, I mean, and the cost of the buildings depends a lot on the plot. Part of what I'm really pleased on is that this is a plot that I think you can construct less expensively. I know, for example, some of the hospital plans that in Manhattan where hospitals have had to build are incredibly expensive because they're building in these very narrow, they're building these very tall, thin structures, often abutting other things. You and I were out there. This is an open field. That makes a huge difference in the cost of construction and the speed of construction, right? We're not creating something in a working hospital, right, which is very time consuming. Because we're constructing it from new, you can put up a new building on a piece of land that works very quickly. Two to three years, you can have a building so I'm excited to continue to work with you, and you and I will keep pushing to make it happen.

On the Gotham, you still have the correct date. I don't… do we have the total capital dollar?

CHIEF FINANCIAL OFFICER ULBERG: Yeah. We've reserved 30 million dollars in capital for the project. That's in our plan.

PRESIDENT DR. KATZ: Right. And then Bellevue, we are hopeful now for summer. No, okay, I'm going to let, rather than…

SENIOR VICE PRESIDENT YANG: It was only last Tuesday that Commissioner Richards and I had a very fruitful conversation with the State Commissioner Canty, made very clear the City's joint commitment with the State to get Bellevue open as soon as possible. Don't have a firm date yet, but it will be… we will have a date soon. There was good, in-depth, substantial conversation between the City Department of Correction and the State Commission on Correction to resolve any outstanding administrative and policy and staffing issues that the state might have that holds up the commissioning at Bellevue. Commissioner Richards and I have had a number of conversations, even in his short tenure so far, about what needs to be done with the Department in terms of their staffing concerns. So, we don't quite have a date yet, but I know that Commissioner Richards is really committed to this, not just for Bellevue, but actually the entire project, so it's really encouraging.

COUNCIL MEMBER BROOKS-POWERS: Thank you. And, if possible, offline, if I could get a briefing on that meeting that took place, to be up to speed, but again, thank you to Dr. Katz and the full Health and Hospital team. Thank you, Chair.

CHAIRPERSON NARCISSE: Thank you.

CM Encarnación.

COUNCIL MEMBER ENCARNACIÓN: Hello.

PRESIDENT DR. KATZ: Hello.

COUNCIL MEMBER ENCARNACIÓN: As you can imagine, Council Member Cabán took one of my questions. You heard the topic, so, you know, that was right up my alley, which is great because everyone needs to care about that.

I wanted to also ask if you can describe a bit how the Admin and leadership prioritize capital needs throughout the system, throughout the H and H system. Obviously, you know, hospitals like Metropolitan that is in my District, both of my predecessors, Melissa and Diana, spent a lot of our capital money helping, you know, get them to a place, and they just need so much more. So, I'm just trying to think, and I've worked in the education field. I know that DOE, SCA, they have a prioritization

schedule, I guess, where you're doing things, and I'm very familiar with it, but I'm just not familiar with H and Hs. So, if you could just help me kind of walk through, is it the amount of people that go to that hospital?

PRESIDENT DR. KATZ: So, Metropolitan, we really want to redo the emergency department, as you know, and I know you've worked on that and Diana worked on it. It is so needed at Metropolitan Hospital. That emergency room is not at all sufficient to the needs of the community.

In general, we try to just parse out our capital dollars evenly to the facilities by their size. So, for example, we did a recent bond measure ourselves, and we just divided the total pot. We borrowed 250 million dollars, and then we just parceled it by the size. So, Bellevue, which was the largest hospital, got a larger chunk than a Gotham Center, which got 1 percent, and a place like Met would get somewhere in the middle. And then, generally, we try to let the facilities decide because we feel they have the best. So, I don't like to myself say to Met, the thing you should do is X. I like for Met to decide what it wants to do with its

share. I think the big problem, though, remains that we have a lot of older buildings, and healthcare doesn't do well in older buildings. It's lovely to live in a residential older building. It is not lovely to conduct medical care in older buildings. They're just not designed with modern issues of confidentiality, of privacy, of accessibility if you use a wheelchair. So, we have a lot of deferred maintenance, and so any hospital's share is likely to be significantly less than their total needs.

COUNCIL MEMBER ENCARNACIÓN: Right. But, essentially, you divvy it up evenly, and then the hospital gets to decide what they want to use their thing for. So, historically, year after year, Metropolitan, for example, would be getting roughly, depending on the fluctuation of the actual budget, around the same amount of money…

PRESIDENT DR. KATZ: Yes.

COUNCIL MEMBER ENCARNACIÓN: Every year forward?

PRESIDENT DR. KATZ: Right. You recognize and helped. We, of course, try, and in a case like the Met ED, we try to partner with the state legislators, with the federal legislators. Can we get

a specific amount of money for something like the Met ED? And then that doesn't count against their percentage, right? Every hospital needs to redo its boilers, its HVAC, its elevators.

COUNCIL MEMBER ENCARNACIÓN: Right.

Okay. And then at our last hearing, there was some testimony that spoke specifically about the relationship between Health and Hospitals and private data analytic firms with connection to the federal enforcement activities. You know, obviously, transparency around these partnerships is important in maintaining public trust. So, can you explain a little bit about the contractual relationship between H and H with firms like Palantir?

PRESIDENT DR. KATZ: Sure. So, when we contract with them, there is an absolute firewall that prevents them from sharing information with ICE or others. Also important for people to understand that that specific contract is about getting more money from insurance companies for the care that we provide to patients, which is important in two ways because getting more money helps us to do a greater job for the people who don't have insurance, but it also tells you that the information even that we're

giving them is about insured people, which is generally not the group of people who are undocumented, who are uninsured. Also, Health and Hospitals, we don't capture data deliberately on whether or not. So, I mean, nobody can get from Health and Hospitals the data on who is undocumented because we will never keep it or ask it. So, there's no data for them to do. But, absolutely, in companies like Palantir, while they may (TIMER CHIME) work for ICE, most of their money is healthcare systems. And if they violate, you know, contractual rules, they will become a pariah in the healthcare firms. And again, healthcare is giving places like Palantir a great deal more money, the health systems across the U.S., than the federal government is giving them. So, I do not believe they will. We haven't had any problems. And we're going to end the contract anyway because we always intended it to be a short-term solution. I'm very down on all forms of outside consultancy. I like to do things myself with City workers, but there are certain things where we have to learn how to do it. And Palantir was all about them building us certain tools and now learning how to do it so then we could do it ourselves. So, we

believe the contract will end this October. We have not had any incidents. We have no data on documentation to share, and the cases that they're getting are people who have insurance, which is very unlikely to involve people who are undocumented, who wouldn't be able to qualify for insurance.

COUNCIL MEMBER ENCARNACIÓN: Okay. Thank you so much. I just wanted to make sure that was on record.

I appreciate you and I look forward to getting Met to where it needs to be.

PRESIDENT DR. KATZ: Me too.

CHAIRPERSON NARCISSE: And I have to let you know that ER is one of my top priority for this year, and we were supposed to have a meeting to follow up because all the ERs, because that's the first place that a person walked in to see. And if it's not in good condition, it's not good for mental health.

PRESIDENT DR. KATZ: Correct.

CHAIRPERSON NARCISSE: So, that's what I…

COUNCIL MEMBER ENCARNACIÓN: Absolutely. And even just thinking about it being a warming

center was like breaking my heart because there's just no space even for the people that are there.

CHAIRPERSON NARCISSE: We're going to talk about it. As a matter of fact, we're going to meet on that.

COUNCIL MEMBER ENCARNACIÓN: Thank you.

CHAIRPERSON NARCISSE: All right. Thank you.

And the next CM is Gutiérrez.

And we've been joined by CM Farías, which I'm always… Thank you.

COUNCIL MEMBER GUTIÉRREZ: Thank you, Chair. Good to see you, Dr. Katz.

PRESIDENT DR. KATZ: Good to see you.

COUNCIL MEMBER GUTIÉRREZ: What a relief that you got reappointed.

PRESIDENT DR. KATZ: Thank you. That's nice of you to say.

COUNCIL MEMBER GUTIÉRREZ: Yes. And I loved your testimony. It's hard to cover everything, and I think you do it with so much expertise. So, I got some notes.

I have a couple of questions about… actually, I just have two questions about B-HEARD. I

think we're all on the same page. But could I just have a sense of when it was functioning to some capacity, do you remember how many social workers was H and H able to hire, I guess, at its peak?

PRESIDENT DR. KATZ: Do you have the social worker? That has never been the limiting step.

COUNCIL MEMBER GUTIÉRREZ: No, no, no. Fully aware. I just… because I also want to just… wait. My follow-up question is about their salaries. I've met with a number of social workers and advocates for social workers. I think we all love the work that they do, want to reinforce the pipeline. But the majority of social workers are also women and women of color who are also struggling to get by. And so, my subsequent question was going to be about their starting salaries. But, yeah, you could just let us know if you have that.

PRESIDENT DR. KATZ: Oh, wait. I think the number's coming behind you.

CHIEF FINANCIAL OFFICER ULBERG: 41 social workers.

COUNCIL MEMBER GUTIÉRREZ: 41. And do you have a sense of what their starting salaries were?

PRESIDENT DR. KATZ: I have a sense. My son just graduated and is working as a social worker. So, we have a boy of color who's working as a social worker. It is sort of… just to take a step out, social workers are master's level people. And they earn about 70,000 dollars, which is quite interesting because for a master's level person, that's a very low salary.

COUNCIL MEMBER GUTIÉRREZ: Right. That's why I'm asking. 41 is certainly not enough social workers that we need to fully implement the program. But just curious because I think it's pretty common knowledge that social workers, unfortunately, they're doing this work because they care. It's never going to be for the salary. It doesn't get compensated enough. So, I'd just love to add them in your advocacy when we're talking about, yes, EMT workers. And when we're talking about universal childcare even, the childcare workers are also not paid enough. And so, I'd just love to add that layer to compensation for social workers.

PRESIDENT DR. KATZ: (INAUDIBLE) popular with my family.

COUNCIL MEMBER GUTIÉRREZ: I'm just saying, we all collectively want more social workers and we never talk about their salaries. Yeah.

I had a question about the announcement by the Mamdani Administration for youth clinics. I love that one of them that was selected was my neighboring Woodhull and Council Member Ossé's District. Can you just share a little bit about the decision for Woodhull and, I believe, Queens Hospitals? And can you share a little bit about what the timeline is? Is it fully staffed up yet? I know it's just in January, so you may not have that.

PRESIDENT DR. KATZ: Right. Well, I'm going to start by just saying that mental health clinics seem to be key in the schools. Okay.

COUNCIL MEMBER GUTIÉRREZ: I love this team behind you, fully prepped.

PRESIDENT DR. KATZ: I have the most amazing people to work at Health and Hospitals. It's a terrific mission. So, with MetroPlus Health, we did two, as you were saying, Woodhull and Queens. We did the opening, but, yep, they are all working. So, they're currently going forward. Treatment team, social workers, psychiatrists, creative arts

therapists, nurse peer counselors, and community liaison worker. Anyone who wants information can get it from 3-1-1 and 16 to 25.

COUNCIL MEMBER GUTIÉRREZ: Okay. I'll check in. Do you have in your notes there the reasoning to launch with those two?

PRESIDENT DR. KATZ: Well, we chose just based on need. We thought those were areas where the need was great.

COUNCIL MEMBER GUTIÉRREZ: Are you sure?

Okay. Thank you. I'll check in with Woodhull.

My next question is just to, and I know Chair Narcisse will ask a ton more questions just related to AI. It's still very fresh. We had that November hearing with the nurses where they raised significant concern about AI. And so, a lot of them were representing private hospitals so I just want to ask if there's any medical professional to patient AI tools or services that Health and Hospitals currently uses, and if they do, is that disclosed to patients? Are they aware that they're, you know, interacting with artificial intelligence?

PRESIDENT DR. KATZ: So, the answer… so there's certainly nothing in the nursing realm.

COUNCIL MEMBER GUTIÉRREZ: Great.

PRESIDENT DR. KATZ: There are some useful places where we do use AI, but only as a help to clinicians.

COUNCIL MEMBER GUTIÉRREZ: Okay. That's good.

PRESIDENT DR. KATZ: We are (TIMER CHIME) about to start ambient listening, but ambient listening requires each person to consent.

COUNCIL MEMBER GUTIÉRREZ: Great.

PRESIDENT DR. KATZ: So, the way it will work… so, I will be one of the doctors because it's an outpatient service. The way it will work is I will say or my medical assistant will say before the person comes in, Dr. Katz has access to ambient listening. The idea is that it will transcribe your visit and put it into the note so that Dr. Katz doesn't have to type while he's talking to you.

COUNCIL MEMBER GUTIÉRREZ: Excellent.

PRESIDENT DR. KATZ: Is that okay with you, and the ambient does not keep a record of it, but you will see the record in your note.

COUNCIL MEMBER GUTIÉRREZ: Okay.

PRESIDENT DR. KATZ: So, you know, the things that we're interested in AI are any ways that would enable clinicians to spend more time with people. I mean, the way I see it is that, to the extent that… well, I mean, I think charting and AI can give me a whole transcript of my visit, and then I'm not sitting there, patients hate it when you type and stare at a screen. But if a doctor like me is seeing, I might see in an afternoon, eight, 10, 12 people, right? If I don't type the notes by the end of the day, I won't necessarily remember everything. So, the idea is to figure out which are the good uses of AI, but we have no intention of replacing nurses with AI, and we don't currently have any applications that relate to them.

COUNCIL MEMBER GUTIÉRREZ: Great. That's what I want to hear. Great.

Chair, I just have two more questions. One, one, I'll condense it to one.

CHAIRPERSON NARCISSE: (INAUDIBLE) going to (INAUDIBLE)

COUNCIL MEMBER GUTIÉRREZ: I always follow the rules. Okay. Sorry.

My last question is… thank you. I'm really encouraged by what you said about Rikers, the need to shut it down, the fact that it's more costly to continue to (INAUDIBLE) Rikers than fund healthcare. And I have to do this for a lot of the advocates who have been putting pressure on the Administration, on the Council to really follow through with the City's law to close Rikers. There is the CHS on site and the staff there are doing tremendous things. I just want to ask because there continues to be death, a lot of them obviously preventable a lot in many instances or more recent instances. These are oftentimes folks who needed mental health services who were not given access to mental health services. Can you share if there's any work that the DOC needs to do to support efforts of CHS to be able to keep folks healthy, alive? What should be done to give CHS authority to better protect patients is the most important question.

Thank you, Chair.

CHAIRPERSON NARCISSE: Since my CM is long in the question and I know you're going to take time, but Sanchez says just one thing that she has to say to you before she runs.

PRESIDENT DR. KATZ: Okay. So, I'm going to hold and I'm going to answer that.

CHAIRPERSON NARCISSE: Yes, you're going to answer.

COUNCIL MEMBER SANCHEZ: Sorry, Council Member. Thank you, Chair.

I just want to say, I just want to shout out a doctor at North Central Bronx last week who saw my dad. I accompanied him and she was just so patient. Dr. Davis was so patient and kind. She is extra, extra great.

So, I had some NYC Care questions. I'll talk about it offline or the Chair will ask, but I just wanted to shout her out. She was excellent.

PRESIDENT DR. KATZ: We are full of doctors with big hearts who come to us because we have the best mission.

COUNCIL MEMBER SANCHEZ: Thank you. Thank you, Chair.

CHAIRPERSON NARCISSE: So, now you can understand why that I stopped you so go ahead.

COUNCIL MEMBER GUTIÉRREZ: You can always interrupt for shout outs. That's very nice.

PRESIDENT DR. KATZ: I'm going to give the overall and then Patsy can give any detail. Overcrowding really hurts patients. Overcrowding creates environments that worsen the mental health of detainees. And I think that clearly one of the things that has changed and that has resulted in greater problems for the inmates and deaths is the intense overcrowding that occurs.

A second issue that occurs is that associated with both overcrowding and challenges that DOC has had hiring enough correction officers is that they can't bring the people to health care because (INAUDIBLE) and they can't let us go because they can't create a safe passageway. And they also don't have always enough correction officers to prevent fights among the detainees. So that then also results in a certain number of injuries that occur.

And then I think that what would make the thing most work in any correctional environment is some sense of working to help people have better lives. You know, if you put people in cages and you just keep them in cages and that's your whole programming, it's not surprising that when they leave nine months later, they're worse off than they were

before. There was a day, and, you know, this is not specific about just Rikers, this is correctional systems across the U.S., there was a day when the job of a correctional system was to help people regain lives. Law libraries, education classes, right, all of the things that you should be doing to help people when they go back out to not repeat the same things. And I think, again, across the U.S., that has now been reduced to holding people in cages, and that is not going to change somebody's life. That's just going to make them leave more bitter, more angry, with fewer skills and less ability to live a life. So, you know, to me, you know, having the steps and, you know, we have a lot of faith in the Correctional Chief. He comes from a very different frame of mind, and I think that it's going to make a difference. What I wish all of the correction officers would focus on is mission. Like, what are you there for? You're there to help people regain their lives. You know, keeping everybody safe is one part of that, but that's not the whole job. And that I'm hoping that with a new Corrections Chief, we have a whole new attitude, right. Rikers itself, just the, you know, the age of the facility, the things that are broken,

that's yet a separate problem. But to me, improving the mission to really focus on future life would make it better.

COUNCIL MEMBER GUTIÉRREZ: Thank you.

CHAIRPERSON NARCISSE: Thank you.

And my next CM Aldebol.

And before she asks a question, I want to say, this is what we need. We need rehabilitation. That's correction. The word say correction. Anyway, if I didn't go deep, because there's so many other countries that are doing much better than us.

PRESIDENT DR. KATZ: Much better.

CHAIRPERSON NARCISSE: Thank you.

COUNCIL MEMBER ALDEBOL: Hi.

PRESIDENT DR. KATZ: Nice to see you. My pleasure.

COUNCIL MEMBER ALDEBOL: So, I have a question about… it's a three-part question.

PRESIDENT DR. KATZ: Okay.

COUNCIL MEMBER ALDEBOL: (INAUDIBLE) some of the issues that they dealt with in collective bargaining had to do with, you know, obviously wages, staff to patient ratios and safety. And I just… I want to… my question is really does your projected

budget take into account, you know, the impact of those negotiations and the outcome of those negotiations on H and H hospital with respect to, you know, those three things, wages, safety of nurses, which I understand is also an issue in the H and H hospitals where, you know, nurses and staff have, have claimed that, you know, security in the hospitals is not responsive, you know, don't respond fast enough. They have been victims of assault by patients and visitors to the hospital. So, that was a great concern to the NYSNA nurses and wondering if you have a plan to address that in H and H.

PRESIDENT DR. KATZ: Sure. Well in the three areas. So, City's union negotiations don't line up with the private NYSNA, but I assume… I mean, our nurses are represented by NYSNA. We like working with NYSNA. I will look forward to my nurses getting wages increases that are similar to the wage increases that the private nurses got when we're sort of in sync with them. We do have retention bonuses that will keep our salaries similar for the first couple of years of the new NYSNA, but, ultimately, the City will need, if it's going to maintain parity, we'll need to do a raise. And, you know, there is no

value in underpaying nurses across the market because nurses have a variety of institutions where they can have a good mission, and we need enough nurses. So, I will, as I was last time an advocate for appropriate wages that are comparable.

Staffing, you know, we are now… I'm happy our vacancy rates are very low. We're able to keep up with our staffing. We have a system chief nursing officer who got a round of applause from NYSNA because she's been one of the leaders in professional development. It's not just wages. Nurses want to know that we are supporting them. She's created a PhD nurse circle. Every year they have a big party where they inaugurate all of the nurses who've now gotten PhDs, right. We have a whole sort of step ladder of helping nurses to gain NP certification if they want to become an NP, and we think that, you know, it's not just about wages. Wages are important, but it's not the only thing. But right now we're okay on staffing.

Safety is a huge issue and safety is not an issue that has a simple answer, because whether you're a doctor or a nurse, it's your duty to take care of people even if they're violent. On the other

hand, we don't want people to put themselves in danger. That's not an easy interface for anybody to, to walk. So, I mean, what we have found useful, I mean, we've done all of the things we, we know how to do and that people have invented, right? Every computer station has a panic button. We give people panic buttons to put on their clothing. We've put up mirrors wherever we can put up mirrors so that people can see. We have put in behavioral health associates into the EDs, the trauma floors, and the psychiatric services, and their whole job is to deescalate. They have no specific responsibilities other than to watch and to see who is about to, you know, get very upset at someone and to intervene with that person, and they're taught, you know, protection skills to protect the nurse. They're taught how to deescalate and they have been very popular. And we think in many respects probably better than officers because the problem with the officers is that no matter how well trained, when somebody with the uniform arrives in what is often a mental health situation, it sort of raises the ante. Our officers do not carry guns, and we don't want them to because the last thing we want is a loaded gun in a psychiatric emergency room. So,

it's a tough situation. I don't pretend that there's an easy answer. We've listened to people, but periodically a nurse gets socked and I feel terrible about that and you look to see was it predictable and often it wasn't predictable, and I feel for them. You know, I've certainly sat more than once with somebody, you know, in a room who, you know, had murdered someone. That's part of being a healthcare provider, right? And many people who have criminal histories are incredibly respectful of doctors and nurses, but periodically someone gets hurt and I feel terrible about it, but I don't have an easy solution.

COUNCIL MEMBER ALDEBOL: Thank you.

CHAIRPERSON NARCISSE: CM Farías.

COUNCIL MEMBER FARÍAS: Thank you, Chair. Good afternoon, folks.

PRESIDENT DR. KATZ: Good afternoon.

COUNCIL MEMBER FARÍAS: I just have a couple of quick questions that are related more so to my Committee within the Hospital system. The Trump Administration has put into place policies banning gender-affirming care for youth, and many private hospitals such as NYU Langone have ended their gender-affirming care programs due to this. What

programs does H and H have available for gender-affirming care for young people and what work has been done to fill that healthcare gap for transgender people?

PRESIDENT DR. KATZ: So, we have not stopped doing our gender-affirming care.

COUNCIL MEMBER FARÍAS: Thank you.

PRESIDENT DR. KATZ: As you know, the other places have stopped, not because it's currently against the law, but (TIMER CHIME) because they fear retribution. We have continued to do it. We are accepting referrals from people who've lost care, and we will continue to provide this care. We see it as part of our health services.

COUNCIL MEMBER FARÍAS: And have you seen any increase in transgender youth?

PRESIDENT DR. KATZ: We have seen some increase, yes, increasing referrals.

COUNCIL MEMBER FARÍAS: Okay. And does your preliminary plan include any new or increased funding for these specific programs?

PRESIDENT DR. KATZ: Yes. The Administration has given us increased dollars, as part of comprehensive youth care. And, you know, we

also like to point out that good care in this area is not just the things that people are talking about, but it's also primary care, it's mental health care, right, it's vaccination, it's, you know, also the transitioning services. So, you know, we specifically call it comprehensive care because we want to remind people, right, this is not just about passing out medication. This is about meeting the needs of the young people in whatever way they articulate those needs.

COUNCIL MEMBER FARÍAS: Thank you.

And the same vein of vulnerable communities, H and H offers the Maternal Child Healthcare Program, which helps new and expecting parents and their infants stay healthy before and after birth. What's the budget for this program in Fiscal 2026 and 2027?

PRESIDENT DR. KATZ: Do you have that?

SENIOR VICE PRESIDENT YANG: Well, maternal health is kind of just budgeted.

COUNCIL MEMBER FARÍAS: Is your microphone on?

CHIEF FINANCIAL OFFICER ULBERG: Yeah. Maternal health is just budgeted kind of within the system.

COUNCIL MEMBER FARÍAS: Okay.

CHIEF FINANCIAL OFFICER ULBERG: You know, so the care that people need, just like any other care, right, we provide, you know, those services so it's not discreetly budgeted.

PRESIDENT DR. KATZ: Right. And it's comes up in this Committee often. Because we don't cap anything, in any budget, we can never say how much of any one thing we provide because we provide as much as people need.

COUNCIL MEMBER FARÍAS: So, do we have maybe FY25, what total was going towards?

PRESIDENT DR. KATZ: We could certainly do the number of visits.

CHIEF FINANCIAL OFFICER ULBERG: Yeah. Yeah. We can provide statistics.

COUNCIL MEMBER FARÍAS: That's fine.

And do we know the average number of in that specific program?

CHIEF FINANCIAL OFFICER ULBERG: We can get that for you.

COUNCIL MEMBER FARÍAS: Okay. Great.

And is there a cost for anyone to participate in the program?

PRESIDENT DR. KATZ: No. There's no cost.

COUNCIL MEMBER FARÍAS: So, it's free. That's great.

And what outreach does H and H do to ensure that expecting parents are aware of the program and its services?

PRESIDENT DR. KATZ: So, this is a program also done in collaboration with DOHMH so I need to get back to find out. I think they do most of the outreach. We do the service half.

COUNCIL MEMBER FARÍAS: Okay. Great.

And any positive challenges, impacts on this program?

PRESIDENT DR. KATZ: We think that, you know, having a new child is one of the most stressful of life events and that we want to surround people with the services they need and that this has been a successful program at doing that. And we also want to do, you know, we want our programs to be with DOHMH. We don't want to be parallel universes. We want to do things together.

COUNCIL MEMBER FARÍAS: Sure.

PRESIDENT DR. KATZ: This is a good example.

COUNCIL MEMBER FARÍAS: That makes sense. And I wouldn't do my job as a Bronx Member and the Delegation Co-Chair if I didn't ask if there's any specific asks you folks have for any of our Bronx hospitals?

PRESIDENT DR. KATZ: Capital.

COUNCIL MEMBER FARÍAS: Capital? Like what kind of capital? We got time on the clock.

PRESIDENT DR. KATZ: Well, both Lincoln, and Jacobi and NCB need capital dollars to maintain things like elevators, HVACs. You know, all three facilities are beyond their… what's in normal world considered useful life. Of course, we keep using it, but I know Lincoln in particular wants to have an outpatient facility right across the street and, you know, there's nothing else in South Bronx. It's Lincoln, and that would be phenomenal to have. We think there's the right land spot right across the street. We want an outpatient facility. We're moving, you know, to have more… just in the last quarter when I was looking at the stats, our outpatient visits are

up and our inpatient visits are down and that's exactly what we want.

COUNCIL MEMBER FARÍAS: Right.

PRESIDENT DR. KATZ: Right. We want to provide high-quality outpatient services so we don't need as much hospital, and a new outpatient facility for Lincoln would be phenomenal.

COUNCIL MEMBER FARÍAS: Great. I heard that loud and clear, and I'm sure the Chair did as well and she will help me champion that to the Speaker and to the Mayoral Administration, and you definitely can count on me as a supporting for those efforts. Thank you, folks, for the time.

Thank you, Chair.

PRESIDENT DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: Thank you, CM.

Dr. Katz, like I said, I like to keep it real with you. We have a lot of topics left, but I want to find out from you. Are you going to take a break or we can do a couple and then take a break.

PRESIDENT DR. KATZ: I'm fine.

CHAIRPERSON NARCISSE: You're fine? All right. So, you can stop me if you need a break. I think some of the folks may need a break so we'll

take a break after about every two topics and then we take a little break. For me, I can sit with you all day, all night.

PRESIDENT DR. KATZ: Same.

CHAIRPERSON NARCISSE: Okay. Let's continue with the maternal health, right? Maternal mental health. In last year's preliminary budget response, we urged the Administration to allocate 5 million for H and H hospitals to provide maternal health focused psychology services within each of H and H maternity department to support emotional wellness for mothers during and after pregnancy. This funding did not make it in the budget, but I do want your input in this proposal. Does H and H currently have sufficient emotional wellness support in all its maternity departments? How much additional funding could be used to further deliver high-quality pregnancy related mental health care across its system?

PRESIDENT DR. KATZ: So, I'm happy to say that all the maternity units have sufficient behavioral health providers for consult and treatment. I would urge the Council to the extent that there are more resources, it goes to the women

following pregnancy because people, I know you understand this because of your background as a nurse. When people hear mortality and morbidity of pregnant women, they think that it's mostly happening at birth. It is not mostly happening at birth. It's mostly happening in the year after birth. So, I'm not concerned. I have sufficient capacity for delivering behavioral health services to the women when they're with me. What I don't… what the city needs and has been growing because of people like you is sufficient resources after the birth. That's when postpartum depression, which you know all about from your work as a nurse, that's when that sets in. When the stresses of a baby that doesn't go to sleep, you know, those are the major stressors.

CHAIRPERSON NARCISSE: We know this is the dangerous time of life for a woman, and it's when an accident happened, people kind of say, why the heck would a mother, you know, even kill their own kids? Things happen because of postpartum depression.

How many H and H maternity departments have at least one maternal focus psychologist?

PRESIDENT DR. KATZ: Everyone.

CHAIRPERSON NARCISSE: Everyone. Love it.

Let's go to Maimonides Health merger again. In December 2025, it was announced that Maimonides Health would become a part of H and H system. This merger will be supported with 2.2 billion in the State funding over the five years. The merger is expected to be completed by next month on April 1st. Have any City funds been added to support the merger? If so, how much?

PRESIDENT DR. KATZ: No City funds.

CHAIRPERSON NARCISSE: No. Is any funding associated with the merger reflected H and H budgets as of preliminary plan? You said no City funding.

PRESIDENT DR. KATZ: No City funding.

CHAIRPERSON NARCISSE: No executive budget going to put anything? Okay.

Will Maimonides full budget be reflected in H and H… but if there's no City, would it be reflected in H and H?

PRESIDENT DR. KATZ: Well, once it joins, the budget would have to show that there is a flow of money because it's us, but we have committed to both ends that the money that comes to Maimonides stays at Maimonides. We're not doing this in order to subsidize Health and Hospitals, but we're also not

going to take money away from Health and Hospitals. We believe that with the State funding, Maimonides will be whole and the amount of money available to them through that and through our being able to get them a modern computer system and get them higher Medicaid rate, that that will fully fund Maimonides. So, we will not take money from them, nor will they take money from us. But yes, once we're together, the budget will have to reflect their size.

CHAIRPERSON NARCISSE: Okay. So now since budget have to reflect the size, will Maimonides headcount be reported in H and H actual full-time headcount through the term and condition that H and H submits to the City Council?

PRESIDENT DR. KATZ: So, yes, but we, at least early on, expect there'll be relatively few direct Health and Hospitals employees. Most of it will be done via contract because we need to maintain existing labor relations. So, say the nurses, right, have a NYSNA contract with a set of conditions and a slightly different job descriptions. All of those NYSNA nurses will continue to… their contract will be honored. And in order to do that, their employer will remain the residual Maimonides. And we will provide

the money through the money that Maimonides gets through patient care and through the State dollars. So, I don't think the headcount will change much, but the financial dollars will certainly change.

CHAIRPERSON NARCISSE: Okay. What is Maimonides current and projected deficit in 2031?

PRESIDENT DR. KATZ: Well, they have been requiring approximately 350 million dollars of State support in order to stay open. So, you can think of that as their hole. But we believe that once we are able to give them a modern computer system, that hole will shrink.

CHAIRPERSON NARCISSE: Okay. How is H and H planning on covering Maimonides' deficit?

PRESIDENT DR. KATZ: So, it's a combination of once they join us, they will receive a higher rate of reimbursement from Medicaid than they do now so they will get substantially more for doing the same thing. And then because we will put Epic over them, they will get better billings because they'll be able to better document to insurance companies, the care that they already provide. We'll be able to purchase things for them. And because the joint system will have more clout, we'll be able to

purchase less. So, it'd be some combination of their reimbursement goes up and their expenses will go down. And that will eliminate the deficit.

CHAIRPERSON NARCISSE: Would you say without H and H, Maimonides probably will be closed? Can you fairly say that?

PRESIDENT DR. KATZ: I can't see at this moment another viable option for them.

CHAIRPERSON NARCISSE: All right.

Comprehensive adolescence care. The preliminary plan includes additional City funds of 7.5 million in Fiscal 2026-2027 for the comprehensive adolescence care program to provide multidisciplinary health services tailored to the physical, emotional, and social development of teens and young adults. Which hospital will this funding support? Will this funding support any personal services expenses as well?

PRESIDENT DR. KATZ: I'm sorry. Just say the last part. Will this funding support any?

CHAIRPERSON NARCISSE: Will this funding… which part you're talking… which hospital would be funding? Will this funding support any personal services expenses as well?

PRESIDENT DR. KATZ: Sorry. Just give me a second because I don't want to misquote.

Okay. So, as we talked a little bit about, it's comprehensive patient-centered care. So, we want to be clear that it's not just, you know, transitional services, but it is all necessary primary behavior and as needed specialty care and that we're going to involve not just Health and Hospitals, but we recognize that there are a group of excellent community-based organizations that are also providing comprehensive care to adolescents and we want to help support them as well.

CHAIRPERSON NARCISSE: Okay. What specific services will this funding support within the comprehensive adolescence care?

PRESIDENT DR. KATZ: So, everything that someone would need. The primary behavioral and the specialty care need.

CHAIRPERSON NARCISSE: Okay. What is the total budget for comprehensive adolescent care in Fiscal 2026?

CHIEF FINANCIAL OFFICER ULBERG: 7.5 million dollars. We're still working on putting

together the budget for the program, but 7.5 million is what we have available.

CHAIRPERSON NARCISSE: So, you don't have the total that we can tell us?

PRESIDENT DR. KATZ: That's 7.5.

CHAIRPERSON NARCISSE: 7.5.

PRESIDENT DR. KATZ: At this moment, that's the number.

CHAIRPERSON NARCISSE: That's the one we have.

PRESIDENT DR. KATZ: Yeah.

CHAIRPERSON NARCISSE: Okay.

Budget for SHOW and the Bridge to Home program, which I love. The preliminary plan includes additional City funds for of approximately 12 million starting in Fiscal 2027 to fund additional services for those experiencing street homelessness. This funding will cover three new mobile units for the Street Health Outreach and Wellness program known as SHOW. It will also cover one new site for the Bridge to Home pilot program to support homeless individuals with severe mental health issues. Bridge to Home will now have a total of three sites. That's the good news. That's a great news for me. Not even good news.

That's excellent news. Where will the three new mobile units for SHOW operate? How many total mobile units will SHOW have now?

PRESIDENT DR. KATZ: So, where they'll operate, we always sort of move them around in order to figure out what the site is that they're going to work the best so I don't have yet the new locations, but we were happy as soon as the additional SHOW vans are on, we'll be happy to provide where it is.

We currently have a fleet of six.

CHAIRPERSON NARCISSE: Okay. Nice.

What is SHOW's total funding in Fiscal 2026?

CHIEF FINANCIAL OFFICER ULBERG: It's going to increase from 8.3 million to 13 million. And as we just discussed, we're adding three new SHOW vans.

CHAIRPERSON NARCISSE: Where will the third new Bridge to Home site be located, and how many beds will be available?

PRESIDENT DR. KATZ: So, we don't yet have the site.

CHAIRPERSON NARCISSE: No site.

PRESIDENT DR. KATZ: So, we first have to have the funding. They will never do a program bigger than about 50, just because we think that that's the right size.

CHAIRPERSON NARCISSE: That'll work?

PRESIDENT DR. KATZ: Yeah. You want something big enough for efficiency of scale but not so big that it could get out of control, and we think that around 50 is a nice number. You know, I could see us doing something of 40, I could see us doing something of 70, but I can't see 200. So, it sort of depends on the physical structure of the building.

CHAIRPERSON NARCISSE: So, since you don't have the location, may I say which Borough at least?

PRESIDENT DR. KATZ: The first one was in Manhattan. So, the plan is for the next two not to be in Manhattan.

CHAIRPERSON NARCISSE: Okay.

PRESIDENT DR. KATZ: So, I think I would say Brooklyn and Queens would be very good guesses on where the next two will be or the Bronx, right, so, you know, ultimately we would like to have one in each borough so we would like to grow to at least four, and then be able to have one in each of the

four boroughs. And then we'll see whether or not there's a sufficient need in Staten Island.

CHAIRPERSON NARCISSE: Got it.

Okay. Are the first two Bridge to Home sites operational, and how would you measure the success of this program?

PRESIDENT DR. KATZ: So, the first one is very operational. We're collecting data now on how many people move into supportive housing. Retention is high, over 90 percent, had very few people leaving, and, you know, to us, you know, what success looks like is that people leave into permanent housing. It could be, you know, supportive housing. It could be that we connect them to their families. It could be, you know, regular housing, depending upon, you know, how they do. What we've seen, and you as a nurse won't be surprised, is that if you give people consistent medication in a supportive environment, they become somebody else, but not immediately. And this is the… in a two-to-three-week hospitalization, all you can do is stabilize someone. You can't really know what their baseline is. To know what their baseline is, you have to give them two to three months of good medicines, good rehab, good

food, right, and then in an environment that doesn't stress them out. And I think what's fun to watch is people are surprised at what happens, even we have seen even cognitive improvements, not just improvements in mental health, but where somebody was using too much alcohol and people said, oh, this person has alcoholic dementia. Turns out if you give them three to four months of good medication, good food in a non-stressful environment, three to four months, they're thinking differently. So, you know, brain, very plastic. Brain can create new neurons and go around the areas that are not working. So, you know, we're very excited that some people are going to emerge different than the way they went in.

CHAIRPERSON NARCISSE: Especially the younger folks.

PRESIDENT DR. KATZ: Yes. More plasticity the younger you are.

CHAIRPERSON NARCISSE: Does H and H have plans for any additional Bridge to Home site? You said you already have?.

PRESIDENT DR. KATZ: Right. Ideally, you know, I mean, I'd like one in each borough. We would have to approach Staten Island. Sometimes it can be

challenging siting issues, but we will certainly try for one in each borough.

CHAIRPERSON NARCISSE: And what data that you use to select the site?

PRESIDENT DR. KATZ: We look for something that's the right size. It has to have both individual rooms because we don't think congregate works well for this population, and has to be some common space and we want it to be near subway lines so that it's accessible to people and acceptable to the surrounding neighborhood.

CHAIRPERSON NARCISSE: My question. For the site, do you have… like, you become a tenant or you build from scratch?

PRESIDENT DR. KATZ: We don't build from scratch because it would take too long. We usually look for… well, certainly the current facility, which has worked so well, was once a tourist hotel that ceased to function as a tourist hotel. So, buildings that once functioned as tourist hotels are ideal because they usually have the individual rooms plus the common space, you know, a reception desk, a place to do groups. That's what we… so we need that combination, individual rooms and some common space,

but we don't want to build because that takes too long. That's, you know, two to three years, but if we can rent a space that could be three months.

CHAIRPERSON NARCISSE: And which vendors that really operate the Bridge to Home?

PRESIDENT DR. KATZ: We operate the Bridge to Home. I mean, we, Health and Hospitals, we're the operator.

CHAIRPERSON NARCISSE: So, nobody else operate, no vendors, no independent vendors.

PRESIDENT DR. KATZ: We may… you know, they may use some registry staff or contractual staff for certain functions. I'm sure they… we're not cooking so I'm sure there's a food vendor involved. I know my staff are great, but they don't all cook well so I don't think we're doing the cooking. We probably don't do laundry.

CHAIRPERSON NARCISSE: Yeah.

PRESIDENT DR. KATZ: Right. I mean, they're…

CHAIRPERSON NARCISSE: Don't you have laundry within the premises too for the laundry?

PRESIDENT DR. KATZ: Yeah. We have a contractual arrangement for laundry.

CHAIRPERSON NARCISSE: What is the total budget for a Bridge to Home in Fiscal 2026 and 2027?

CHIEF FINANCIAL OFFICER ULBERG: Yeah. It's a growing from 7 million dollars in '26 to 14.5 in '27.

CHAIRPERSON NARCISSE: 14?

CHIEF FINANCIAL OFFICER ULBERG: 14.5.

CHAIRPERSON NARCISSE: 14.5.

Let's go to MetroPlus. According to the PMMR, MetroPlus maintain relatively stable membership levels in the first four months of Fiscal 2026 compared to the first four months of Fiscal 2025. However, MetroPlus spending at H and H increased to47 percent in the first four months of Fiscal 2026 from 40.4 percent in the first four months of Fiscal 2025.

What is H and H total budget for MetroPlus in Fiscal 2026? And what is the budget trend compared to prior Fiscal Years?

PRESIDENT DR. KATZ: You want to do the budgets.

CHIEF FINANCIAL OFFICER ULBERG: Yeah. I think we would… yeah, the total MetroPlus budget is 5.3 billion.

CHAIRPERSON NARCISSE: 5.3 billion.

CHIEF FINANCIAL OFFICER ULBERG: Yeah.

CHAIRPERSON NARCISSE: Okay.

Why has MetroPlus spending increase by 6.6 percent…

PRESIDENT DR. KATZ: Growth in the membership.

CHAIRPERSON NARCISSE: In the last year, despite membership remaining relatively stable.

CHIEF FINANCIAL OFFICER ULBERG: Yeah. It's, as Mitch said, it's a growth in membership that's attributed to us. Plus there's probably some premium increases. We learned the…

CHAIRPERSON NARCISSE: Premium increase.

CHIEF FINANCIAL OFFICER ULBERG: Yep. And we learned this morning that they did very well with the gold card program, which is yielding…

CHAIRPERSON NARCISSE: Which gold card we're talking about, not the gold card in federal level. No, I'm just…

CHIEF FINANCIAL OFFICER ULBERG: No, no. It's our gold card.

CHAIRPERSON NARCISSE: You know, sometimes in hard time, you have to make a little fun of things

because so bad, you know, nurses and doctors, that's how we survive.

Okay. You still don't want to break, Doc?

PRESIDENT DR. KATZ: I'm good.

CHAIRPERSON NARCISSE: You're good. Okay. You're good. I'm good.

Insurance reimbursement State and Federal issue. In 2024, the State received permission from the Federal government to expand the ceiling for essential plan eligibility from households making 200 percent of the federal poverty level to 250 percent. However, following the enactment of Federal bill, the one I hate, HR-1, the State had to apply for a change in the structure of essential plan, which would reverse the eligibility ceiling back to 200 percent of the federal poverty level. Approximately how much insurance reimbursement revenue will H and H lose due to patients losing the essential plan coverage?

PRESIDENT DR. KATZ: You want to do the dollar…

CHIEF FINANCIAL OFFICER ULBERG: Yeah, I can. So, I think everything is evolving, right, almost every day, and what's really critical and we applaud the Governor here is that the Governor

submitted a proposal to basically reinstate the basic health plan, which was the first version of the essential plan. And the State, right, has available to them a pool of money of about 9 billion dollars in this fund so they, with the enactment of HR-1, they proposed to revert back to the basic health plan and draw from that 9-billion-dollar pool. They got the good news on Friday that the first part of that application was in fact approved by CMS. And we talk about the essential plan in two different groups, EP1 through EP5, right? EP1 through 4 was part of that approval so that is a big burden, right, that we believe is going to be relieved from the State government by allowing us to continue the program for that population group.

The EP5 group is the one that you had mentioned is between 200 and 225 percent. There's roughly 425 to 450,000 of those individuals and, at this point in time, there's not a solution for that group, and it will certainly be addressed at the budget table, right, between now and the time the Governor and the Legislature come to an agreement on the budget. So, really good news for us. In our financial plan, we had forecasted almost a worst-case

scenario that upwards of 13 percent of the current Medicaid and EP population would in fact lose their coverage, right, and again, we will provide care to everybody who comes, right, but we had factored in that reduction into our budget.

CHAIRPERSON NARCISSE: Okay. So, that's good news.

CHIEF FINANCIAL OFFICER ULBERG: So, that's all good, right? Those are all good things, right? And, again, the Governor had reserved in her budget, I think 2.5 billion dollars going to 3.5 billion dollars expecting the worst-case scenario. So, their budget picture has improved.

I will say this basic health plan pot of money, 9 billion, is limited. It won't grow so the State has to stretch those dollars for as long as they can until we can find yet again, a more permanent solution. So, so far, right, we're navigating our way through these very difficult waters, and it really takes, you know, the good thinking of smart New Yorkers to figure these things out, and I think that's being exhibited here as we try to figure out solutions to a very difficult federal bill.

CHAIRPERSON NARCISSE: Okay.

So, how many essential plan enrollees live in New York City.

CHIEF FINANCIAL OFFICER ULBERG: In New York City, I'm not sure exactly how many. It has to be, you know, over a million, but we can get that number. I know the number for the EP5 group is 425,000 statewide. I would assume 60 to 70 percent of that number is New York. And that's the group that we're now trying to solution for.

CHAIRPERSON NARCISSE: But the good news is whatever we do, we're going to provide care to the uninsured, underinsured, because that's what H and H stand for, right, taking care of people.

CHIEF FINANCIAL OFFICER ULBERG: (INAUDIBLE) doing it.

CHAIRPERSON NARCISSE: Okay. HR1 includes several provisions that eliminated federal funding for certain groups of Medicaid recipients that we're talking about. The federal government will no longer provide funding for certain groups of legally present non-citizen begin of October 1st, 2026, now will the provided funding for those who are unable to meet work requirements starting on January 1st, 2027.

Approximately how much insurance reimbursement revenue will H and H lose when this federal cuts take effect totally.

PRESIDENT DR. KATZ: We can't project because it depends how successful we are in getting everybody an exemption, which is our goal. Our goal is to make sure that everybody qualifies either because they have a job, because they're a parent, because they're volunteering, or because they're disabled. We have sent out, for example, to all of our doctors, the form letter to sign for their patients who are disabled, and it's not the federal disabled requirements. You just have to be… the doctor just has to sign…

CHAIRPERSON NARCISSE: That's good news.

PRESIDENT DR. KATZ: That the person has a medical condition that prevents them from working at least 20 hours a week. If the doctor signs that yes, they do have a medical condition, then they are exempt. So, we're trying to, again, as, as you would, you would do, we're trying to focus on how do smart New Yorkers get around this. We think that everybody should qualify for one of those four things and, if we're successful, then the amount will be very low,

but that requires being smart and having good systems.

CHAIRPERSON NARCISSE: I love that.

And for the volunteer too, you come in and play…

PRESIDENT DR. KATZ: Come in and play cards.

CHAIRPERSON NARCISSE: So, how are we going to promote that to reach out to those folks? Because some folks cannot read. Some folks don't have the family members to get help them the process. So, what is the strategy?

PRESIDENT DR. KATZ: Fortunately, because they're currently in the… we know them through our sister agency, the human service agency, Department of Social Services so we're working with them… we know all of the people who are currently in the program, and so we have contacts with them and we have other reasons to work with them such as SNAP benefits for food. So, you know, we would know anyone who fell off. And then we're going to do… we talked to Robinhood today about helping us with Navigators so that if people need help filling out forms, right, whether… not everybody is literate, right, not

everybody can read a form, not everybody knows how to get a form faxed or how to use the computer, but we could do that for them, right. So, that's the plan.

CHAIRPERSON NARCISSE: And I have one recommendation. You can use us, 51 Council Members…

PRESIDENT DR. KATZ: A really good idea.

CHAIRPERSON NARCISSE: To make sure that we actually disseminate the information…

PRESIDENT DR. KATZ: I love that.

CHAIRPERSON NARCISSE: Which I'm doing in my office. I do all the social things that you can imagine trying to get people food, everything that we need to do to make people whole, and we could do it. We could help with that one.

PRESIDENT DR. KATZ: We will take up all of your offices on that.

CHAIRPERSON NARCISSE: Yeah. We can help because people coming to our offices all the time. Yeah.

Assuming that the State will not be able to cover, which we talked about, all lost funding for Medicaid recipients, what is H and H's plan to make up for the… we've been talking about it, which I appreciate that.

H and H State-directed payment plan. In October, 2025, H and H secured federal approval for a State-directed payment plan. This plan allows H and H to receive enhanced Medicaid reimbursement more in line with commercial insurance reimbursement rates. This plan falls under the umbrella of disproportionate share payments, which provides supplemental funding to hospitals serving large numbers of uninsured and Medicaid patients. H and H is projected to receive 2.3 billion in reimbursement associated with the SDP plan for services delivered between April 2024 and March 2025, 1.4 billion in federal funding, and the remaining 900 million is State funding. How much of the 2.3 billion is reflected in H and H budget as of the preliminary plan? When does H and H expect to receive the full 2.3 billion?

CHIEF FINANCIAL OFFICER ULBERG: Yes, I am. It's very interesting to hear us. There's a lot of acronyms in Medicaid finance, right, and it's somewhat complicated from time to time, but State-directed payment is a CMS term, and…

CHAIRPERSON NARCISSE: I know CMS. I used to have a DME.

CHIEF FINANCIAL OFFICER ULBERG: Yes. So, that, you know, it's a CMS term. It's a program that's actually started in the Biden Administration where states can go forward and make a request to CMS for a rate that's higher than Medicaid, and we were one of the first really to come out with a proposal. We were here talking about in the past, UPL conversion is another term that we've had and it's a State-directed payment proposal that we've had available to us for the past, you know, couple of years. The average commercial rate, right, would take the rate even higher, right, and to use it as an example, maybe the Medicaid base rate would be somewhere in the neighborhood of reimbursing Health and Hospitals, you know, say 10,000 dollars a discharge. The UPL conversion was a mechanism by which we would get an enhanced rate up to our cost, maybe say that's 15,000. With the Biden Administration, they released a regulation giving states the authority to go up to the average commercial rate. A Medicaid rate could go up to the statewide average commercial rate, and I think it was their response, right, to the equity, you know, discussion, like how do we have conversations about

health equity when we're not having a conversation about the money, right? So, I applaud them for that. So, once we learned that we could actually increase the rate to the average commercial rate, which could be as high as 30,000 dollars in my example, right, we quickly, once that regulation was promulgated, we submitted that application right before the holidays, Christmas holidays of 2024 and, just as of last week, we're starting to receive payment, you know, upwards to this, you know, 2.4 billion dollars. So, all these dollars are reflected in our plan. And it's helping us out really to stabilize our financial plan, but also to address, as I mentioned before, the effects of HR1 and the possibility that people could find themselves, you know, uninsured that were previously on Medicaid. So, it's really has turned out for us, to help us, right, prepare for the effects of HR1 while at the same time, I think over the course of the plan that we have before you, I think it increases the plan by almost 500 million dollars.

CHAIRPERSON NARCISSE: So, in other words, the Medicaid reimbursement is become like competitive with private insurance.

CHIEF FINANCIAL OFFICER ULBERG: That's correct.

CHAIRPERSON NARCISSE: So, now we should be in better shape because of the reimbursement increase. Is that overall across the board or mainly for the hospital, because I know some of the other agencies not getting that much of the reimbursement or is across for like DME, home care and all that.

CHIEF FINANCIAL OFFICER ULBERG: No. It's the services that we provide.

CHAIRPERSON NARCISSE: Okay. Got it.

HR1 impose caps on State-directed payment plans requiring that enhanced reimbursement rates be reduced by 10 percent every year until they reach 100 percent of Medicare rates. And in his 2025 State of the City report, former Comptroller Lander stated that H and H's SDP plan is grandfathered, meaning that it will be able to continue receiving enhanced reimbursement rate until January 1st, 2028. Can you confirm that H and H's SDP plan is grandfathered and that H and H will be able to receive enhanced reimbursement until January 1st, 2028, according to the Comptroller?

PRESIDENT DR. KATZ: Yes.

CHAIRPERSON NARCISSE: What is the H and H contingency plan to generate additional revenue once it's no longer allowed to receive enhanced reimbursement as part of SDP plan?

PRESIDENT DR. KATZ: Well, as you said, Chair, at the end, it goes to Medicare rates, which are still better so it's still an enhanced rate. It's just not enhanced as much. And '28, you know, includes years that we may see, you know, a new Speaker of the House in a historic moment, right, things can change in terms of administration between now and 2028. So just as caps were placed, caps could be released. So, you know, we will always, you know, watch what goes on and figure out how to maximize the dollar for New York City.

CHAIRPERSON NARCISSE: Is Medicare reimbursement is still 80 percent of the insurance or is totally 100 percent?

PRESIDENT DR. KATZ: It's variable. It's not 100 percent, but it varies on how well your private insurance pays.

CHAIRPERSON NARCISSE: Sure.

Okay. Safety Net Transformation Program. The Safety Net Transformation Program, or SNTP, is

State program which helps safety net hospitals implement transformation plans and projects in collaboration with partner organizations to improve their financial stability. Governor Hochul has committed approximately 4.6 billion in operating and capital funding to 14 SNTP projects over the next five years. How much of this funding is anticipated for H and H, and which hospitals will this 4.6 billion support? What are the specifics of the SNTP projects at H and H hospitals?

PRESIDENT DR. KATZ: So, this is what you referred to earlier, Chair, when you talked about the Maimonides project, and that's the 2.3 billion. That's, so far, the only help that we've gotten out of this, but there is an ongoing pot, and so it's possible in the future for us to get more dollars.

CHAIRPERSON NARCISSE: That's good.

So, how much of that funding you received since 2024?

PRESIDENT DR. KATZ: We haven't received any of it yet, but once the Maimonides goes forward, it's 2.3 billion over a five-year period.

CHAIRPERSON NARCISSE: Okay. So, when that money will start flowing?

PRESIDENT DR. KATZ: It'll start flowing as soon as the deal is closed.

CHAIRPERSON NARCISSE: Okay.

Correctional Health Services as opposed to therapeutic units. The Fiscal 2026 to 2030 preliminary capital commitment plan includes over 300 million for Woodhull outposted therapeutic unit construction expenses. The project is expected to be completed in early 2029. Why was the expected completion date for this project pushed from 2028 to early 2029? And what is the estimated date for the unit to open?

PRESIDENT DR. KATZ: The challenge has been that the City under the prior correctional authority had trouble opening the Bellevue unit, and it just didn't make sense to be going forward as quickly for the other units until we could see whether or not the Bellevue unit was going to open. The new Administration has been very supportive and clear that it's opening up the Bellevue unit, and so now we're going forward with the other two units, but in the prior Administration, there wasn't support necessarily. The pose was they wanted to see first Bellevue and then they would make a decision. The

current Administration has said, no, the plan is the three facilities so now we've started going again to get them ready.

CHAIRPERSON NARCISSE: Yeah. I remember they said that one have to finish in order to move forward.

PRESIDENT DR. KATZ: Right.

CHAIRPERSON NARCISSE: Okay. The capital commitment plan also includes 257.6 million for North Central Bronx outposted therapeutic unit construction expenses. This project is also expected to be completed in early 2029. Why was the expected completion date for this project… but, anyway, that's what we're talking about.

PRESIDENT DR. KATZ: The same… same answer.

CHAIRPERSON NARCISSE: Yeah. That's the same thing.

The capital commitment plan includes 34.4 million for Bellevue out… I don't just know what you to repeat yourself because we put a lot of questions. I'm just going through it if you're already answer it so I don't have to make you repeat things.

Okay. H and H actual headcount changes. H and H had an actual headcount of 43,566 in the second quarter of Fiscal 2026, an increase of 625 position from its actual head count at the end of Fiscal 2025. There were 235 additional technology specialist position added from Fiscal 2025 Q4 to Fiscal 2026 Q2. What is the reason for this increase? What job titles within the technology specialist category were hired the most?

PRESIDENT DR. KATZ: Radiology.

CHAIRPERSON NARCISSE: Radiology.

PRESIDENT DR. KATZ: There's just been an explosion of recommendations about increased radiology. For example, in the mammogram area, the current recommendations are for much more intense screening of women at high risk for breast cancer so we've hired a lot of technologists. And, in general, we're pleased about the growth because the only reason we can grow is because we have the revenue, and the reason we have the revenue is because our patient base has grown and we're getting so much better at billing so we're able to support more and more staff.

CHAIRPERSON NARCISSE: So, is that due to outreach because most women, sometimes they have difficulty going to the mammogram. Is that when increasing…

PRESIDENT DR. KATZ: We do have navigation and other forms of outreach and also just that the… for women who always chose screening, the screening recommendations have intensified to now include ultrasound MRI, for example.

CHAIRPERSON NARCISSE: Yeah. What job… no, you already spoke that.

How do you distribute this additional staff across the system? Which hospitals saw the largest increase in technology specialist staffing, which is the radiologists, that's what we're talking about.

PRESIDENT DR. KATZ: We spread it by hospital volume. So, you know, the biggest hospitals like Bellevue are going to get many more than the smallest hospitals like Woodhall so it's mostly based on what your percentage patients are.

CHAIRPERSON NARCISSE: Okay. We doing good.

There were also 186 additional registered nurse positions added from Fiscal 2025 Q4 to Fiscal 2026 Q2. This number has been growing since at least the first quarter of Fiscal 2024. What is H and H estimated or targeted number of registered nurses to be hired as resources become available?

PRESIDENT DR. KATZ: So, again, we're very proud about the increase. We're currently at our correct level. Our great CNO, Natalia Cineas, has done staffing plans about all of our units, which we didn't used to have so now we know what the appropriate nurse staffing is and our vacancy rates are very low. So, the places where it will grow is when we grow services. So, if we open up additional units, then we will need more nurses, but for the existing capacity, we're doing fine.

CHAIRPERSON NARCISSE: I'm assuming you're going to continue having nurses in that position to do the amazing job.

PRESIDENT DR. KATZ: Absolutely. Absolutely.

CHAIRPERSON NARCISSE: All right.

Contrarily, there was a decrease of 13 physician positions from Fiscal 2025 Q4 to Fiscal

2026 Q2. Were these positions eliminated or they move to an affiliated payroll, as you have explained in the past, regarding previous decreases in physician headcount. Do you have an adequate number of physicians staffed at each initial H and H co-location?

PRESIDENT DR. KATZ: You are correct. The 13 moved to affiliate so it was not a decrease.

We have sufficient physicians for what I would call the bread and butter of Health and Hospitals. The areas where we often struggle are highly specialized positions where, you know, the New York market can be very difficult in hiring people who are in highly specialized positions like neurosurgeons, where there are few and difficult to recruit, and we're sort of always recruiting in those areas. We're always trying to expand, but, you know, for medicine doctors and general surgeons and emergency room doctors, we're good.

CHAIRPERSON NARCISSE: And rheumatologists been a big problem for us. Do you have enough?

PRESIDENT DR. KATZ: Yeah. No, you're right. That's a medical specialty. I was talking about the surgical specialties like neurosurgery. So,

rheumatologists, endocrinologists, gastroenterologists hard to recruit.

CHAIRPERSON NARCISSE: Yeah. I was going to go there too because we have an increase in Black male having colon cancer so that's mean we're not doing enough outreach and I'm counting on you.

PRESIDENT DR. KATZ: Yeah. We'll keep working at it.

CHAIRPERSON NARCISSE: All right. I'm getting to the end.

PRESIDENT DR. KATZ: Okay.

CHAIRPERSON NARCISSE: Closing, closing.

Lastly, there was a decrease of 14 licensed private nurse positions from Fiscal 2025 Q4 to Fiscal 2026 Q2, which is encouraging, which is good. Were these positions eliminated or they moved to an affiliated payroll.

PRESIDENT DR. KATZ: I think in that case, they mostly moved to registered nurse. In most of our facilities, in the acute facilities, we use very few licensed nurses. We do like them very much at the skilled nursing facilities. The salaries are not at the moment competitive. We need the City to negotiate new salaries in those areas. And so then we have to

hire a different kind of, you know, nurse depending on whether it's higher function that needs to be done. We'll hire a registered nurse. If it's something that's more in the custodial area, we'll hire a nurse's aide.

CHAIRPERSON NARCISSE: Gotcha.

Do you have a lot of… because lately I see a lot of folks rather go to registered nurse more than…

PRESIDENT DR. KATZ: We try to encourage, right. It's just a better middle-class job that offers the nurse more choices of where he or she works, better salary so we have a lot of training programs. We like hiring. We like when a nurse aide becomes a nurse practitioner after four levels of education so o very common in Health and Hospitals.

CHAIRPERSON NARCISSE: And that's why I appreciate Ms. Cineas on that one because she's really promoting internal growth and education, which is a great thing for H and H. At least people are not going to come in, train at H and H, and then disappear.

PRESIDENT DR. KATZ: Right.

CHAIRPERSON NARCISSE: And the money is good. Everything is good. So, we should have no problem with retention.

PRESIDENT DR. KATZ: Right now, we don't.

CHAIRPERSON NARCISSE: Okay. Okay.

Can you share your plans to decrease H and H reliance on private nurses in the future?

PRESIDENT DR. KATZ: We're almost completely no longer dependent on private nurses. I think the appropriate use of registry nurses is someone has an unexpected illness, somebody is going out on FMLA, right? You want to reserve the position for the person when they come back. That's a great use of a registry nurse. I need a new nurse for four months and then you want to return your own nurse. But we don't want to be using nurses for regular jobs, and now we're not. We're down to vacancy rates as low as 1 percent.

CHAIRPERSON NARCISSE: Great progress. I love it.

Okay. Are traveling nurses part of the licensed private nurse headcount.

PRESIDENT DR. KATZ: We don't really… too expensive and we don't need them now.

CHAIRPERSON NARCISSE: Very good.

H and H budget priorities. After the conclusion of the Fiscal 2027 preliminary budget hearings on March 25th, the Council will release its budget response on April 1st where we will highlight the Fiscal needs across the city not reflecting in the preliminary budget. As we prepare for this exercise, what are H and H's most pressing needs? Should I repeat it? Most pressing needs that the Council could advocate for in terms of expense and capital programs and projects for me, emergency room. I don't know about you.

PRESIDENT DR. KATZ: Capital, because no matter how great your doctors and nurses are, if you are in, for example, the Met ed, which is seeing like three times as many patients as it was designed for, it doesn't feel like you're getting high-quality care, and then people feel like then they then begin to talk about, oh, public hospitals are not good. Well, no, the quality of our nurses and doctors are really as good as anywhere else, but there has not been the devotion to physical facilities, and so a lot of our facilities lack. And, you know, in every hospital, we have specific projects like the Met ED,

the Lincoln outpatient facility, and the Queens having a new pavilion. Elmhurst needs a new emergency department. So, we have… Woodhall could use a new medical ward. I mean, each of the hospitals, we know what they most need, and that would be both a way for the Council, District by District, Member by Member to reflect their commitment to a public health system.

CHAIRPERSON NARCISSE: All right. I know I can ask you this question, but we have to do a followup on Elmhurst hospital…

PRESIDENT DR. KATZ: Okay.

CHAIRPERSON NARCISSE: In terms of space. And last time we spoke about it…

PRESIDENT DR. KATZ: Landlocked.

CHAIRPERSON NARCISSE: Yes. Because you have an extra street, the small street, how can we, the City of New York providing the space that needed for Elmhurst hospital to expand?

Dr. Katz, I was reading all this so I don't make you repeat yourself. but you've been so amazing. Trauma center in Rockaway because I know that my Colleagues ask that question, and I think that I have a little problem with it. The fact that

City agencies, City priority, and we still cannot merge it together to get that going so I probably will follow up with you on that one to see how we can make it happen because, in the meanwhile, the people in Rockaway cannot be waiting because their lives matter. And we lost a police officer by waiting by not getting through…

PRESIDENT DR. KATZ: That's right.

CHAIRPERSON NARCISSE: From the Outer Peninsula to the mainland.

Medicaid increase. You're getting better paid. And I think that was my challenges to see how we're going to hold the hospitals together. I'm not going to hold you. I don't see anybody else hands on.

So, I'm going to say, Dr. Katz, I'm thankful for you always…

PRESIDENT DR. KATZ: I'm thankful for you.

CHAIRPERSON NARCISSE: And thank you for coming back and I'm here back with you so let's actually put the priority in healthcare as we always been doing all our lives. So, thank you so much for your time and for your leadership, for all the team. Thank you for having you here. So, with that, you can

go to lunch and enjoy it for me. I'm going to be here. Thank you.

PRESIDENT DR. KATZ: Thank you.

CHAIRPERSON NARCISSE: I now open the floor to the public testimony.

Before we begin, I have to remind you… all members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recording to the Sergeant-at-Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant-at-Arms and wait for your name to be called. Once you have been recognized, you will have two minutes to speak on today's hearing topic, which is the preliminary budget for 2027 Fiscal Year. If you have a written testimony or additional written

testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant-at-Arms. You may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

When you hear your name, please come up to the witness panel.

For the first panel, we invite Noelle Penas at NYLPI, Sonia Lawrence, NYSNA.

Give us a second. I'll be with you. Thank you for your time. You may begin.

NOELLE PENAS: Good afternoon, and thank you to Chair Narcisse and the Members of the Committee for holding this public hearing. My name is Noelle Penas, and I am the Health Justice Community Organizer at NYLPI, New York Lawyers for the Public Interest, where my colleagues and I work to address the healthcare and human rights crisis of immigration detention and to advocate for the healthcare for all New Yorkers, regardless of immigration status.

Thanks to your support through the Immigrant Health Initiative and Immigrant Opportunity Initiative, we have assisted hundreds of uninsured H

and H patients through legal consultations, direct immigration representation, health insurance advocacy and navigation, and Know Your Rights trainings. We have also trained hundreds of healthcare workers on the rights of their non-citizen patients, on creating welcoming healthcare spaces for non-citizens, and engaging in direct healthcare advocacy for New Yorkers with serious health conditions who are detained by ICE and denied access to necessary medical care. As advocates for equitable access to care for all New Yorkers, we understand the importance of a well-funded public hospital system in our city. H and H fills growing gaps left by policies that disenfranchise marginalized groups who suddenly find themselves without healthcare coverage as a direct result of the dismantling of long-standing public health programs at the federal level. These programs, like the Program for Survivors of Torture at Bellevue and the Housing for Health Program, are vital for the clients that we serve. These changes to federal policies have created confusion among service providers and patients, as well as delays in processing applications. We see more and more people who are willing to deny medical benefits or believe

they no longer qualify for services. Thanks to NYC Care, many people can fill these gaps in services at H and H. As you continue to consider funding allocations, we hope you'll consider the strong and persistent overlap between our clients and H and H patients.

Thank you, again, for your support of our work and our clients, and we look forward to continue working with you to improve health access and equity for all New Yorkers.

CHAIRPERSON NARCISSE: And thank you for being here and sharing the testimony with us, and I'm looking forward to continue supporting and making sure that we take care of New Yorkers. Thank you.

SONIA LAWRENCE: Thank you. Good afternoon, City Council, and thank you for this opportunity to testify. My name is Sonia Lawrence, the President of H and H's Mayoral Executive Council of NYSNA. The New York State Nurses Association represents more than 42,000 registered nurses in collective bargaining across New York, including more than 10,000 registered nurses working in H and H and Mayorals and the midwifes of North Central Bronx and Jacobi Hospital employed by PAGNY. NYSNA recognizes

that New York City Health and Hospital is a cornerstone of the city health care system, accounting for nearly 20 percent of the inpatient bed capacity and providing a disproportionate share of care for Medicaid patients and uninsured residents and immigrant communities. H and H also provides essential services often avoided by private hospital system, including level one trauma care, inpatient and outpatient psychiatric services, maternity, pediatric care, and a large primary care network. Continued City funding is essential to maintain this vital safety net system. While the Mayor's primary budget acknowledges the importance of H and H and the Fiscal 2027 primary budget proposes 1.7 billion in funding, a 387-million-dollar reduction has current levels. Much of this decrease reflects the expiration of federal COVID-19 reimbursement and other temporary funding sources. However, the plan also includes 17.5-million-dollar reduction in unrestricted operation subsidies and 237 million less for collective bargaining costs. At the same time, funding for New York City Care, the City program providing healthier access for uninsured residents remained flat at 100 million dollars despite the of

more uninsured patients seeking care. The Trump Administration reconciliation bill includes almost 1 trillion health care cuts. The State estimates these changes could cost over 13 billion dollars in federal funding, leaving more than 1 million New Yorkers uninsured. As a safety net provider, H and H continues to face fiscal challenges, including the rates that do not fully cover the cost of care of low-income patients. We urge the City Council to consider increasing funding for New York City unrestricted subsidy and increase the funding to provide care for uninsured patients in New York City Care program.

The City Council helped push H and H New York City to address the chronical low RN pay. This previously caused high turnover, poor staffing, and over-reliance on expensive temporary nurses. The recent NYSLA contract subsequently raised pay, bringing rates close to private sector parity, boosting staffing, and improving patient care. However, New York City H and H recent punitive sick leave policy undermines these gains. We urge the City Council to consider extending sick pay leave protection to public hospital employees to safeguard

nurses, stabilize patient, and protect patient care. Thank you.

CHAIRPERSON NARCISSE: Thank you for coming. Nurses, we can always rely on them. And, NYSLA, thank you for coming, and both of you, I appreciate your time, and we're looking forward to do the work for New York City. We are New Yorkers after all, so thank you for your time. Appreciate it.

All right. I'm going to say thank you for everyone that come to testify. Thank you to all of you who came here to share your thoughts, experiences today.

If there is anyone in the Chamber who wishes to speak but has not yet had the opportunity to do so, please raise your hand and fill out an appearance card with the Sergeant-at-Arms in the back room.

Okay. Seeing no hands in this Chamber, we will now shift to the Zoom testimony.

When your name is called, please wait until a member of our team unmutes you, and the Sergeant-at-Arms indicates that you may begin.

We will start with Miral Abbas. If I butcher your name, you just can correct me, please.

SERGEANT-AT-ARMS: Time starts now.

MIRAL ABBAS: Hi. No worries. It's Miral Abbas.

Good afternoon, Council Member Mercedes Narcisse and Members of the Committee on Hospitals. My name is Miral Abbas, and I work for the Coalition of Asian American Children and Families, and I'm here today to urge the Council to increase funding for the Access Health NYC initiative to four and a half million dollars in the upcoming budget. Access Health is a City Council-funded initiative that works with over 37 community-based organizations across all five boroughs to provide culturally responsive outreach and education. Our organizations help immigrant, limited English proficient, and uninsured New Yorkers access health care and public benefits, while also offering essential services from halal food pantries to shelters for housing insecure individuals that are actually run by some of our organizations. Through trusted community institutions, for example, the food pantry, social centers, churches, etc., our organizations meet people where they are, and because these organizations are trusted and language accessible, they play a very critical role in helping

individuals who face barriers to health care navigate conflict systems. This work is especially urgent now. Access Health is one of the very few initiatives that partners with such a wide range of ethnic and grassroots CBOs that provide tailored outreach to their communities, and many of the neighborhoods that they serve already face high language barriers, uninsurance, and while fear and misinformation about federal and state policy changes are already discouraging immigrants and financially insecure residents from enrolling in or using coverage. In response to these challenges, our CBOs are already expanding outreach and reinforcing their roles as safe spaces, and through their community health workers who speak residents' languages, they help people navigate policy changes, enroll in health coverage and benefits, especially Medicaid as noted earlier, and connect them to services like NYC Care or providers in H and H system. In the past year alone, our organization has made over 9,000 health care referrals along with many more to other benefits.

Furthermore, as mentioned, these proposed federal cuts to Medicaid could push even more New

Yorkers out of coverage, therefore increasing reliance on emergency services and safety net providers, including City's public and community hospitals under H and H. An upstream solution is to invest in community-based initiatives like Access Health…

SERGEANT-AT-ARMS: Time expired.

MIRAL ABBAS: Which can help…

CHAIRPERSON NARCISSE: Complete it. Go ahead.

MIRAL ABBAS: Sorry. Which can help residents access care earlier and connect them to health care resources like Medicaid and other healthcare navigations, all ultimately improving health outcomes across our city.

And lastly, I just wanted to note that our organizations also work closely with a lot of hospitals and clinics and providers, some under H and H, that are rooted within their communities to help educate them about the needs, languages, and cultures of their local patients and residents by developing medical education programs and issues uniquely affecting their populations, which all ultimately

help strengthen cultural and linguistically responsive care.

So, I just wanted to end that at a time when many of our communities feel uncertain about their rights and access to care, our organizations remain trusted anchors and, therefore, investing and increasing funding for Access Health is a strategic investment in improving health access and strengthening community partnerships and ultimately reducing strain in our hospital system. Thank you for your time.

CHAIRPERSON NARCISSE: Thank you for your advocacy and thank you for your time and we hear you. Thank you.

All right. We are making a final call for the Zoom registrant who have not yet spoken.

If you are currently on the Zoom and wish to speak but have not yet had the opportunity to do so, please use the raise hand function and our Staff will unmute you.

Okay. Seeing no hands, I would like to note that everyone can submit written testimony to testimony@council.nyc.gov within 72 hours of this hearing.

To conclude, I want to say thank you to everyone that participated and helped us to have the successful hearing. I want to say thank you to the folks that attended today too as well and that testify of their concerns. We hear you. We see you. Thank you to everyone that worked to make it possible.

Of course, I have to say thank you to Amaan next to me, Florentine Kabore, Aisha Wright for their work and hearing. We're so concerned about everyone. That's right because you work on it. Florentine Kabore, Aisha Wright, and, of course, my whole Staff, Ria Ogasawara, of course, here and Mahnoor over here. Thank you for being amazing.

One other thing I have to give the credit to in the room, Dr. Katz always stay to listen and you don't get that. To all your team, Ms. De La Cruz and the team, thank you so much for being amazing. Thank you for staying. Thank you for listening and bring the changes that are needed. I'm so happy that I have a doctor to talk to that understand about healthcare. I appreciate you, Dr. Katz. Whenever I see you, I'm happy to see you to answer the question and stay.

I want to say thank you to my Staff, Frank Shea, Juasheena Gilot, of course, Kourtney Li, Stephanie Laine that make it possible with my schedule, Director of my Constituent Services, Irina Khlevner, and all my Staff, Alena, the engagement that's always on the street and all the team that doing amazing work in the office that make it possible to serve.

And, of course, my Sergeant-at-Arms, thank you so much and all the tech folks.

Thank you. God bless. And now we adjourn.

[GAVEL]

C E R T I F I C A T E

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

Date August 9, 2026