Testimony

of

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Acting Health Commissioner and Chief Medical Officer
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

Status of HealthyNYC and Citywide Health Outcomes

December 12, 2025
250 Broadway
New York City

Good morning, Chair Schulman and members of the Committee. I am Dr. Michelle Morse, Acting Health Commissioner and Chief Medical Officer at the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Gretchen Van Wye, Assistant Commissioner of Vital Statistics and Chief Epidemiologist. Thank you all for the opportunity to testify today on HealthyNYC, our campaign for healthier, longer lives.

It feels particularly appropriate to deliver this testimony as we close out 2025, which marked the 220th anniversary of the NYC Health Department. When our agency first began calculating life expectancy in the early 1900s, most New Yorkers did not live to see their 50th birthday. Our latest data show that New Yorkers can now expect to live into their eighties. That is perhaps the most significant marker of success in human history, and it is thanks to investments and advancements in public health.

When the Board of Health was founded 220 years ago, it consisted of a handful of political appointees charged with responding to a deadly Yellow Fever outbreak. Today, we are the oldest and largest Health Department in the country. We employ more than 7,000 people and serve a city of more than 8.5 million New Yorkers. Every day, we work to protect and promote their health. To do that:

- We distribute more than 2.5 million doses of pediatric vaccines to more than 1,000 different healthcare providers;
- We equip more than 5,000 community health workers to bring tailored health services to New Yorkers at the neighborhood level;
- We inspect more than 30,000 food service locations for food safety;
- We see more than 40,000 patients at out Sexual Health Clinics;
- And we have provided more than 20,000 families with nurse home visiting and doula support since 2021.

These programs and so many others work in concert to serve every New Yorker, regardless of where they live, what language they speak, or what they can afford. In November 2023, we launched HealthyNYC to track our progress toward longer, healthier lives. An important marker for how well, or unwell, a society is, is how long its residents can expect to live.

HealthyNYC was created after New Yorkers' life expectancy dropped by almost five years due to the COVID-19 pandemic. There is no currency more valuable than time, and in turn, there is no greater injustice than to be robbed of that time. In the wake of a historic public health emergency that unfairly stole the futures of so many New Yorkers, we set out to make up for lost time. HealthyNYC is our city's visionary public health agenda to raise the life expectancy of our city to its highest level ever. Every New Yorker deserves more time with those they love.

In an effort to produce data that can get us closer to a real-time picture of the health and longevity of New York City, we released preliminary data from 2024 this fall. These numbers are not yet final. It is possible we might see some minor shifts in the numbers when we finalize them—but today, we have enough of the data to confidently tell the story.

I have very good news. We have met our goal well ahead of schedule. In 2024, New Yorkers' life expectancy rose to 83.2 years. That is the highest life expectancy this city has ever seen. It is a

huge accomplishment.

That said, while we may have met the goal, our work is not done. For one, we owe it to New Yorkers to make sure these numbers continue trending upwards—or at the very least, that they do not backslide in the coming years, despite very concerning public health and health policy decisions coming from the federal government. We are up against significant funding cuts, inaccurate information, and the deliberate undermining of trust in public health institutions.

As the nation's preeminent local health department, we have a responsibility—and an opportunity—to serve as a beacon of light not just for New York, but for the nation. But long before the federal government began dismantling public health, we were facing immensely inequitable health outcomes in New York City. Last year was no different—the increase in citywide life expectancy is not shared equitably or fairly.

While we do not yet have finalized 2024 life expectancy data by race and ethnicity, we know there are longstanding racial inequities. So many of us have become accustomed to hearing that Black people endure the most unfair health outcomes and the lowest life expectancy of any racial group. With its repetition, it can begin to feel as if that is expected, normal, and even acceptable. It is not. That assumption is dangerous, and it does a disservice to us all. In 2023, Black New Yorkers were dying five years younger than white New Yorkers. That is five fewer birthdays and five fewer years to share time with loved ones and friends.

Although 2024 life expectancy data by race and ethnicity is not available yet, I anticipate it will show that there is more work to do. I know, too, that it is in our power to do it. We do not have to accept the data at face value—in fact, we collect it so that we can make informed decisions about what to change and how to change it. When we invest in the needed resources, time, and expertise for public health interventions, big changes can happen.

Our response to the COVID-19 pandemic is evidence of that. The reason we were able to reach our 83-year benchmark ahead of schedule is because our public health response to the pandemic led to a 93% drop in COVID-19 deaths. That did not happen passively. It took a whole-of-government response to the pandemic, citywide social distancing efforts to flatten the curve, targeted investments to reduce racial inequities, and a groundbreaking COVID-19 vaccination campaign, among other historic interventions. There are so many people who sadly and unfairly lost their lives. But our work saved many, many lives, too.

Our public health response completely changed the landscape in a relatively short amount of time. Not only have the overall numbers declined, but the inequities have narrowed dramatically. By investing in public health and by driving resources to intentionally focus on equitable outcomes, we worked to rapidly lower the risk for every New Yorker—regardless of their race or ZIP code.

While the years-long project of bending the curve on COVID-19 accounts for much of the increase in New Yorkers' life expectancy, it is not the only story. There are a few stories I would like to highlight today.

Our latest data show that homicide deaths have dropped by 26.4%. We are nearing our goal of a

30% decrease by 2030. That said, homicide deaths remain highest among Black New Yorkers. There was a steep increase during and after the pandemic, and that number has since decreased significantly. There are several structural factors that contribute to that unjust reality, including long-term neighborhood disinvestment, poverty, and social isolation.

At the Health Department, we partner with Hospital-Based Violence Intervention Programs at participating hospitals. That initiative sends providers, social workers, mental health professionals, and community health workers to support people who are hospitalized with nonfatal assault injuries. These programs have been shown to lower the risk of reinjury and incarceration among people impacted by gun violence. They take a public health approach to violence, and it yields results.

In other hopeful news, overdose deaths have dropped 18.2% percent since 2021. After nearly a decade of increasing overdose deaths, we are finally seeing a meaningful decline—and we are well on our way to our goal of a 25% reduction by 2030. Again, that is not a coincidental decline. During the pandemic, we saw a steep increase in overdose deaths and an exacerbation of racial inequities. The increased isolation imposed by the pandemic and the influx of often-undetected fentanyl in the drug supply have had devastating effects across our city. We are still not at the 2019 rates, but the numbers are coming down from the 2023 peak in overdoses. In 2024, for the first time since 2018, overdose deaths decreased among Black and Latino New Yorkers.

Our team has been working tirelessly to build out harm reduction and recovery programs with proven success. Those efforts include:

- The distribution of more than 300,000 naloxone kits and more than 54,000 fentanyl test strips.
- The expansion of Relay, our nonfatal overdose response program in emergency departments.
- We also serve approximately 22,000 people a year through syringe service programs across the city. That includes services for more than 8,000 participants at the two Overdose Prevention Centers operated by OnPoint in New York City. Those two OPCs made history as the first of their kind in the United States.

The OPCs opened in November of 2021, and I had the honor of visiting them soon after. It remains one of the most memorable experiences of my time at the NYC Health Department. Harm reduction saves lives, and OnPoint is proof. I remember watching someone receive aural acupuncture, a form of substance use treatment that eases withdrawal symptoms. That practice was pioneered in New York City at the Lincoln Detox Center, an addiction recovery center created by the Black Panthers and the Young Lords at Lincoln Hospital in the Bronx. At the Lincoln Detox Center in the 1970s and at the Overdose Prevention Centers today, the same core principle guides the work: community is healing. Addiction can be an isolating experience, but recovery is communal. We still have a ways to go—especially when it comes to eliminating inequities—but the data show that we are on the right track.

We are making progress on lowering heart and diabetes-related mortality, too. Our latest data show a 3.4% decline compared to 2021. While that might seem like a modest number, it has a meaningful impact for the New Yorkers whose lives are reflected in these data. Heart disease consistently

ranks as a leading cause of death in the five boroughs, and Black New Yorkers are the most impacted.

Addressing chronic disease is among our top priorities at the Health Department—and this year, we published a blueprint for how our city can tackle its root causes. Perhaps most explicitly, the report put forward an anti-poverty agenda for chronic disease by outlining programs that provide New Yorkers with cash assistance, grocery credits, and more. In the richest city in the richest country in the world, more than two million New Yorkers cannot afford to meet their basic needs. That has a devastating impact on health. In New York City's most impoverished neighborhoods, life expectancy is nearly seven years lower than the wealthiest areas of the city. Poverty is a human invention. This is among its most damning consequences.

From a public health perspective, it underscores just how important it is for us to drive our resources according to need—and to tackle affordability and longevity in tandem. Our Public Health Corps does exactly that. We deploy trained community health workers to meet New Yorkers where they are at and help them prevent and manage chronic disease. In 2024 alone, our community health workers reached over 350,000 community members, provided over 75,000 health education activities, and made over 200,000 referrals to vaccination, healthcare, and social services. That kind of deep community work has proven impact.

In fact, our research projects that scaling our community health worker network to 10,000 workers by 2030 could serve 1.5 million New Yorkers, save nearly $2 billion in annual health system costs, and save more than 1,000 lives citywide. In the years ahead, I am confident in our ability to keep making progress on chronic disease, and to give New Yorkers more time with the people they love.

I will now turn to the legislation affiliated with this hearing. Introduction 1465 would require food service establishments to display a red and white equilateral triangle icon on menus and menu boards or on a tag next to any food item that contains or exceeds 1,800 milligrams of sodium.

The Health Department appreciates the Council's intention to strengthen the city's current sodium regulations to improve the health of New Yorkers. While reducing sodium intake remains a top public health priority, there is not sufficient data that supports the impact of a warning icon for a lower sodium limit on consumer choice. We remain committed to evidence-based strategies that meaningfully support healthier choices for New Yorkers.

Introduction 1303 would require the Health Department to conduct a public education and outreach campaign on fertility treatment, the New York State Insurance Law's requirements for insurance coverage of fertility treatment, and Medicaid coverage of fertility treatment in New York. Fertility treatment is a highly specialized clinical service, and detailed guidance on insurance benefits, eligibility, and coverage determinations is most accurately provided by healthcare providers, insurers, and the state agencies that regulate insurance and administer Medicaid. The Health Department is best positioned to address broad sexual and reproductive health education and services.

Introduction 1399 would require the Health Department to make blood glucose test strips available

at no cost to the public in five high-need areas. We support the Council's intention to provide New Yorkers with medical devices to help manage their diabetes. It is important that glucose monitoring supplies and durable medical devices be provided through routine primary care, so that patients are educated about managing their diabetes and receive guidance on how to operate the device. This type of ongoing healthcare support is best managed by the healthcare system. We look forward to discussing these bills with Council and working collaboratively to improve health outcomes for New Yorkers.

Behind all the data I shared with you today, there are people—New Yorkers who died unfairly before their time, and New Yorkers we are still fighting for. Everyone deserves a fair and equitable chance at building the future they want and deserve—for themselves, their family, and their community. Health is the prerequisite. The data today show us that we are making progress—but we are working from an inequitable baseline. Our work is not just about adding years to our lives. It is about changing that baseline, so that all of us in this room, and every New Yorker, get the time that we deserve.

To quote former Health Commissioner Dr. Mary Bassett, "the pursuit of equity is the pursuit of excellence." The next frontier in our HealthyNYC goal is about racial equity. I look forward to discussing that strategy in depth with the next mayoral administration.

Thank you. I am happy to answer any questions.

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December
Twelve
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Council Member Lynn Schulman
Chair, Committee on Health
New York City Council
250 Broadway, Suite 1872
New York, NY 10007

RE: Statement for "Status of HealthyNYC and Citywide Health Outcomes" Hearing

Dear Council Member Schulman:

Thank you for the opportunity to submit a statement on behalf of the Greater New York Hospital Association (GNYHA), which represents every public and voluntary hospital in New York City, as well as hospitals and health systems throughout New York State, New Jersey, Connecticut, and Rhode Island. GNYHA is proud to serve these hospitals and health systems that provide 24/7/365 care for all their patients.

GNYHA and our members support HealthyNYC, New York City's latest public health improvement plan. Our member hospitals have a long history of working collaboratively with the City's Department of Health and Mental Hygiene (DOHMH) on community health improvement goals through initiatives reflected in hospital Community Service Plans and other ongoing community health improvement activities.

The general categories of community health needs most frequently identified by hospitals and their community partners include preventing chronic disease, addressing mental health and substance use disorders, increasing healthy eating and reducing food insecurity, supporting tobacco cessation, and promoting the health of women, infants, and children. These align with the goals of HealthyNYC and the Prevention Agenda, New York State's public health initiative to build healthier communities.

GNYHA and our member hospitals actively work toward these goals. Examples of our efforts include:

- A GNYHA-hosted webinar in which NYC Health + Hospitals and several voluntary hospitals shared their best practices to operationalize lifestyle medicine in outpatient and

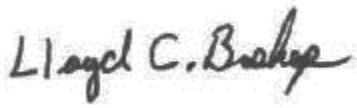
primary care settings. Lifestyle medicine uses therapeutic lifestyle interventions such as culinary medicine, exercise, and addressing sleep disorders and stress as the primary modality to treat chronic conditions, including cardiovascular diseases, diabetes, and obesity. GNYHA also released a follow-up podcast for members titled "Introducing Patients to Plant-Based Meals" that featured a NYC Health + Hospitals representative discussing how the health system promotes plant-based meal offerings to combat patients' diet-related chronic diseases.

- GNYHA members leverage DOHMH-designed resources and programs to promote to the public and patients the benefits of having a regular doctor; being tobacco free; promoting cardiovascular health; addressing mental health needs and living free of dependence on alcohol and drugs; receiving immunizations and cancer screenings; and more
- GNYHA has highlighted DOHMH-hospital partnerships that implement evidence-based interventions or promising practices, including hospitals' voluntary adoption of DOHMH healthy food standards for patient meals and cafeterias, tobacco cessation programs, and breastfeeding promotion

Hospitals actively use HealthyNYC resources, including newly designed DOHMH model programs, to plan elements of their initiatives to address community health needs. As a founding partner of HealthyNYC, GNYHA will continue to work with DOHMH to help hospitals meet the program's goals.

Please contact me (bishop@gnyha.org), Chatodd Floyd (cfloyd@gnyha.org), or David Labdon (dlabdon@gnyha.org) with any questions or concerns.

Sincerely,



Lloyd C. Bishop
Senior Vice President, Community Health Policy and Services

December 12, 2025

Dear Chair Schulman, and all the members of the Committee on Health. On behalf of the American Heart Association, thank you for the opportunity to provide testimony on the status of HealthyNYC and Intro 1465-2025.

One of Healthy NYC's goals is to reduce deaths due to cardiovascular disease and diabetes by 5% by 2030. The American Heart Association is a HealthyNYC champion committed to designing new evidence-based programming, enhancing existing programming, and integrating recommended actions to address cardiovascular disease.

To address the contributing factors of cardiovascular disease, the American Heart Association works with City and community partners. In the past 4 years, we have supported and implemented community and clinical interventions to address heart disease, stroke, and cardiac arrest survival in New York City.

As we look forward to the next 4 years, we are supportive of the following public policy and budget appropriations that will help reach Healthy NYC's goal

1. **Improve Access to Healthy Nutritious Foods-** The American Heart Association is committed and supportive of further expansion of healthy food purchases through incentives and produce prescription programs and discounts. New Yorkers using the Health Bucks incentives report higher fruit and vegetable consumption the longer they participate in the program. They also report consuming more fruits and vegetables per day than the average New Yorker (2 cups).[i]

2. **Remove Barriers to Improve Hypertension-** High blood pressure, or hypertension, is a key risk factor for heart disease and stroke and often there are no obvious symptoms to indicate something is wrong. As of 2019, 2.5 million adults, or 31% of New Yorkers, report having high blood pressure.[ii] Only 47% of those diagnosed with high blood pressure are under control.[iii] The American Heart Association supports the need for local public funding making at-home blood pressure machines available at no cost to the public at federally qualified health centers in 5 high-need areas.

3. **End the Use of Tobacco and E-Cigarettes-** The tobacco industry continues to target New Yorkers by spending $162 million annually on their deadly and addictive products.[iv] Every dollar spent on tobacco marketing is a dollar invested in shortening lives in the very neighborhoods you are working to uplift. The American Heart Association is supportive of efforts that expand access to community-led tobacco prevention, cessation, and education efforts. In addition, we have worked closely with national and local organizations to support efforts that restrict the sale of menthol cigarettes.

Intro 1465-2025 would modify the sodium warning at chain restaurants. This modification would include displaying a red and white equilateral triangle icon on menus and menu boards or on a tag next to any food item that contains or exceeds 1,800 milligrams of sodium. This bill would also require a warning statement about high intake of sodium to be displayed at the point of purchase.

Approximately 90 percent of people living in the U.S. consume too much sodium. On average Americans consume 3,400 mg of sodium per day.[v] More than 70 percent of the sodium Americans consume comes from processed, prepackaged, and restaurant foods.[vi] The American Heart Association recommends that the maximum intake for the U.S. population should be 1,500 mg per day for optimal cardiovascular health. The Association also recommends that sodium reduction be considered in the context of an overall heart-healthy diet, including eating a wide variety of fruits and vegetables, which provide potassium. [vii]

The American Heart Association is supportive of sodium warning labels to educate and empower consumers to make healthier choices when eating at chain restaurants.

For this legislation to make the greatest impact, the Association recommends an amendment that reduce the amount of mg of sodium that would include a symbol and warning from 1,800 to 1,500 mg . That would better align with the American Heart Association's science and research for optimal cardiovascular health.

Thank you for the opportunity to provide testimony status of HealthyNYC and the Citywide Healthoutcomes and Intro 1465-2025.

Sincerely,

Jacob Zychick

Senior Regional Lead Government Relations, Community

[i] GusNIP NTAE. Gus Schumacher Nutrition Incentive Program (GusNIP) year 3 impact findings: September 1, 2021, to August 31, 2022. Prepared for U.S. Department of Agriculture, National Institute of Food and Agriculture. 2023. [Internal analysis]

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[iii] Angell, S. Y., Garg, R. K., Gwynn, R. C., Bash, L., Thorpe, L. E., & Frieden, T. R. (2008, September). Prevalence,
Awareness, Treatment, and Predictors of Control of Hypertension in New York City. Circulation: Cardiovascular Quality and Outcomes, 1 (1), 46 53.

[iv] Campaign for Tobacco-Free Kids, *Toll of Tobacco in New* York, https://www.tobaccofreekids.org/problem/toll-us/new_york . Data calculated from U.S. Federal Trade Commission (FTC), *Cigarette Report for 2022,* October 2023; FTC, *Smokeless Tobacco Report for 2022,* October 2023; FTC, *E-Cigarette Report for 2021*, April 2024. State total is a prorated estimate based on cigarette pack sales in the state.

[v] U.S. Department of Agriculture and U.S. Department of Health & Human Services. 2020–2025 Dietary Guidelines for Americans. 9th Edition. Published December 2020. Available at: https://www.dietaryguidelines.gov/. Accessed June 30, 2025.\

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[vii] Binia A, Jaeger J, Hu Y, Singh A, Zimmermann D. Daily potassium intake and sodium-to-potassium ratio in the reduction of blood pressure: a meta-analysis of randomized controlled trials. J Hypertens. 2015;33:1509–1520. doi: 10.1097/HJH.0000000000000611.

55 Water Street, New York, NY 10041-8190

New York City Council Committee on Health
Committee Hearing

December 12, 2025

Testimony of EmblemHealth

On behalf of the hundreds of thousands of New Yorkers we serve and employ, EmblemHealth would like to thank Chair Schulman and the members of the Committee on Health for their commitment to improving the healthspan of our communities and contributions to the HealthyNYC program through your oversight role of the program.

EmblemHealth is a mission-based, non-profit health plan with over 80 years of local experience, proudly serving more than two million New Yorkers. We operate 15 EmblemHealth Neighborhood Care centers where we provide free in-person and virtual support, access to community resources, and culturally competent programming to all community members. Our Neighborhood Care sites serve as welcoming community spaces where New Yorkers can engage in fitness and wellness classes, connect with resources such as SNAP enrollment, and build supportive social networks. We also provide online webinars on topics such as nutrition and heart health, loneliness and social isolation, health equity, and healthy aging. Many of our Neighborhood Care sites are co-located with our partner medical practice, AdvantageCare Physicians (ACPNY), which provides primary and specialty care at over 30 offices in the New York area to over 400,000 patients a year, including at 9 offices in designated Medically Underserved Areas.

When we learned of the HealthyNYC program, EmblemHealth realized how our mission and structure are a perfect fit with the goals of the program. We are proud to be the only health plan to be a founding Champion of HealthyNYC. During the past year, we have started several initiatives to improve the healthspan of New Yorkers. These include:

- Launching a Communities Diabetes Wellness Program at our Fordham Road Neighborhood Care site in the Bronx, a neighborhood disproportionately affected by diabetes. We designed this program to directly support the City's goal of reducing heart and diabetes-related illness. During the first year of this program, 8,724 Bronx residents were screened, and 1,345 individuals participated in 109 events that offered screenings, nutrition workshops and one-on-one support. Additionally, 2,860 individuals were screened for social determinants of health needs. Among EmblemHealth members that participated, 43% lowered their A1C blood sugar rate, and 24% achieved full diabetes reversal. Further, 13% of members who attended classes were more compliant with primary care appointments and 9% were more compliant with diabetes related care.
- Working with ACPNY to continue addressing the growing burden of chronic disease through an integrated, multidisciplinary care model. In addressing diabetes, for example, Primary Care Physicians, Endocrinologists, Nutritionists, and Ophthalmologists work collaboratively to educate and engage patients in understanding and managing their health conditions. Through this model ACPNY can connect patients with their entire care team—often within a single, convenient location. Over 75% of patients are enrolled in our online portal, enabling two-way communication. Many providers speak patients'

native languages to ensure understanding, trust, and adherence. This model supports high-quality, culturally responsive care that aligns with the equity goals embedded in HealthyNYC.

- Addressing food insecurity and other social determinants that impact health outcomes. For example, in September, EmblemHealth pledged $2 million to support food security in the diverse communities we serve. Through partnerships with The Campaign Against Hunger, City Harvest, and The New York Common Pantry, we are increasing the reach and scope of these efforts to reduce gaps in food insecurity. We have distributed over 28,210 bags of food in 153 events across all five boroughs in the first four months of this program.

EmblemHealth was encouraged to learn that HealthyNYC has already exceeded its 2030 goal, with life expectancy in NYC rising to 83.2 years, but we know more work is needed to address the disparities that persist. Many of these issues will be addressed during today's meeting. Please know that as the Committee continues its oversight role of HealthyNYC, EmblemHealth will also be working to reduce disparities and increase the healthspans of all City residents we serve. We appreciate the Council's leadership and continued commitment to improving the health of all New Yorkers. We look forward to ongoing collaboration with City partners, community organizations, and healthcare stakeholders to ensure every resident—regardless of background or ZIP code—has access to tools and resources needed to thrive.

New York City Council Committee on Health
Public Hearing: Oversight – Status of HealthyNYC and Citywide Health Outcomes
December 12, 2025

The Community Health Care Association of New York State (CHCANYS) thanks the New York City Council Committee on Health for the opportunity to provide written testimony on the Status of HealthyNYC and Citywide Health Outcomes. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Background

CHCANYS is the primary care association for New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs). Community health centers serve as the cornerstone of New York State's primary care safety net, providing comprehensive primary and preventive care, behavioral health services, dental care, and essential social supports – regardless of insurance status or ability to pay. In New York City alone, more than 450 CHC sites care for 1 in 6 residents, serving over 1.4 million people.

Among New York City's 1.4 million CHC patients, 76% live at or below the federal poverty level and nearly 6% are unhoused. CHCs are a major source of care for publicly insured New Yorkers: 63% of patients are enrolled in Medicaid, CHIP, or are dually enrolled in Medicare and Medicaid. Another 13% are uninsured. Additionally, 31% of patients are best served in a language other than English, and 42% are children or seniors. These demographics underscore CHCs' indispensable role as the anchor of the primary care safety net.

The Road to a Healthier NYC Starts with Primary Care

CHCANYS continues to support New York City's HealthyNYC agenda, which aims to improve life expectancy by addressing the major drivers of health, including COVID-19, mental health and substance use, chronic disease, maternal mortality, and violence. The CHC model is designed for this work: CHCs provide coordinated, community-based care in medically underserved neighborhoods through a "one-stop" approach that connects patients to multiple services in a single setting. Of NYC's CHCs, 97% provide mental health care, 82% provide dental care, 59% provide vision care, and 41% offer substance use disorder services. This integrated model, a long-standing hallmark of CHCs' approach to care, positions health centers as essential partners in achieving HealthyNYC's population health goals. Since the implementation of HealthyNYC, CHCs have remained steadfast in their mission to provide high-quality care to those who need it most – directly advancing the goals of the initiative.

To continue advancing HealthyNYC's goals, CHCs need immediate and substantial investment to sustain and expand their services. Community health centers are facing their most severe financial crisis in decades. An Urban Institute analysis found that CHC costs are, on average, 44% higher than the maximum allowable Medicaid reimbursement rates, leaving centers unable to keep pace with rising expenses as demand continues to grow—particularly in school-based health centers. This is because, for decades, CHCs have been underfunded due to outdated Medicaid reimbursement rates that are unlike any other provider's payment structure. Current rates are still based on 1999–2000 cost data and are capped by obsolete regional ceilings, creating significant barriers to maintaining and expanding services. These pressures have already resulted in closures and layoffs across the five boroughs.

To make matters worse, New York is preparing for major coverage changes across Medicaid, the ACA Marketplace, and the Essential Plan. As a result, the number of uninsured patients seeking care at CHCs is expected to triple, placing even greater strain on the safety net. Newly enacted Medicaid cuts only deepen the crisis. Medicaid is the single largest revenue source for CHCs, the majority of NYC's patients are enrolled in Medicaid—meaning any reduction in eligibility, benefits, or administrative support directly threatens CHCs' financial stability and, ultimately, patient access to care.

I. Improving Mental Health Outcomes

Telehealth is a critical component of behavioral healthcare and has significantly expanded access to mental health services. By reducing barriers such as transportation challenges, childcare demands, and work schedules, remote care has lowered no-show rates and increased access. Indeed, for many patients, telehealth is the only way to access timely mental health services, enabling consistent contact with providers and support during moments of heightened need.

However, New York State's current Medicaid telehealth payment policy hinders CHCs' ability to sustain and expand remote care. Although New York's Medicaid program maintains telehealth payment parity across telehealth modalities (i.e., telephonic and audiovisual), the underlying statute prohibits DOH-licensed providers from billing a facility fee when both the patient and provider are offsite. CHCs do not bill facility fees, but the Department of Health (DOH) has interpreted this language to mean CHCs cannot receive their full in-person rate when neither the patient nor the provider is physically in the clinic. As a result, CHCs are reimbursed at only one-third of their standard bundled Medicaid rate for these telehealth visits, making remote care financially unsustainable.

This has already reduced patient access. Many CHCs now require behavioral health providers to be onsite for telehealth, straining clinic space and weakening recruitment and retention efforts. In CHCANYS' 2024 survey, 91% of behavioral health telehealth visits required providers to be onsite, and overall behavioral health telehealth use fell to 35%, a 29% drop since 2022, due to insufficient reimbursement.

Full telehealth payment parity is necessary to bolster CHCs' behavioral health workforce, enabling them to recruit and retain providers, and expand access to vital mental health services – advancing HealthyNYC's goals. CHCANYS is strongly supporting A.1691 (Paulin)/S.3359 (Rivera) to correct this inequity and ensure patients across New York can continue to access timely, reliable behavioral healthcare.

II. Preventing and Managing Chronic Disease

CHCANYS continues to support HealthyNYC's goals of increasing cancer screenings and reducing preventable cancer deaths, focusing on underserved communities and those experiencing higher rates of preventable death. Community health centers play a critical role in these efforts, providing accessible screenings, education, and follow-up care. CHCANYS also support initiatives to reduce heart- and diabetes-related diseases, prioritizing prevention in communities disproportionately affected – particularly Black New Yorkers, who experience the highest number of deaths from these conditions.

CHCs are uniquely positioned to advance these goals through their integrated, community-based model of care, connecting patients to preventive services and ongoing support.2024 UDS data demonstrates that NYC CHCs continue to excel in managing chronic disease, providing care to 111,685 patients with

diabetes and 189,229 patients with hypertension, including many managing both conditions. Compared to 2023, this represents an increase of 9,191 patients with diabetes and nearly 8,000 with hypertension, reflecting CHCs' growing capacity to meet community health needs. Strategic investments are still needed in communities with high rates of chronic disease, including expanded access to screenings and health education.

III. Improving Maternal Health

CHCANYS continues to support the Council's goal of reducing maternal mortality rates and improving maternal health outcomes. According to 2024 UDS data, NYC CHCs served 17,845 prenatal patients, including 16,209 patients receiving care at a CHC for the first time, and supported 9,163 births – increase of 952 patients from 2023. By establishing trust early in care, CHCs lay the foundation for ongoing prenatal, perinatal, and postnatal support, often fostering positive, lifelong relationships between patients and providers. Targeted attention and investment are critical to reducing maternal mortality and improving maternal health outcomes in under-resourced communities like those served by health centers.

Conclusion

CHCANYS is grateful for the opportunity to submit this testimony and underscore the importance of investing in primary care. Prevention begins with primary care – providing preventive care, managing chronic conditions, and ensuring access for communities at highest risk. Increased investments in primary care are essential to advancing HealthyNYC's goals. CHCANYS and NYC CHCs remain committed to work with the NYC Council and DOHMH to advance these priorities and build a healthier city.

For questions or follow up, please contact Marie Mongeon, Chief External Affairs Officer, mmongeon@chcanys.org.

NEW YORK CHAPTER
AMERICAN COLLEGE of CARDIOLOGY®

December 11, 2025

Dear Chair Schulman and Members of the Committee on Health,

The New York Chapter of the American College of Cardiology appreciates the opportunity to provide written testimony for Int 1465-2025, sponsored by Council Member Oswald Feliz.

Int 1465-2025 will require chain food restaurants to display a red and white equilateral triangle icon on menus, menu boards, or on a tag next to any food item containing or exceeding 1,800 milligrams of sodium. This bill would also mandate a warning statement about high sodium intake to be displayed at the point of purchase. The ACC has long emphasized the importance of addressing nutrition as a key strategy for reducing the long-term burden of cardiovascular disease. The recently released ACC/AHA 2025 Blood Pressure Guidelines recommend that adults with or without hypertension limit their sodium intake to no more than 2,300 mg per day, with an ideal target of no more than 1,500 mg per day for most adults. By requiring restaurants to clearly label high-sodium foods, the bill empowers New Yorkers to make informed decisions about their nutrition. This approach will promote public awareness of heart-healthy eating and help families make healthier choices when dining out.

Please let us know if you have any questions.

Sincerely,

Dmitriy N. Feldman, MD, FACC
Governor, American College of Cardiology

4. PREVENTION STRATEGIES

Synopsis

The etiology of primary (previously termed essential) hypertension is a complex interplay of genetics, lifestyle choices, and chronic stress. Even in those with a genetic predisposition to hypertension, healthy lifestyle behaviors can prevent hypertension. All of the therapies recommended for the treatment of hypertension in Section 5.1 ("Lifestyle and Psychosocial Approaches") are useful in primordial prevention of hypertension and should be encouraged.[1] These include weight loss for those with overweight or obesity; a heart-healthy diet such as the DASH (Dietary Approaches to Stop Hypertension) eating plan; no more than 2,300 mg of sodium per day (with the ideal limit of no more than 1,500 mg per day for most adults); dietary potassium 3,500 to 5,000 mg per day; aerobic and resistance exercise (≥150 minutes of moderate physical activity per week and resistance exercise ≥2 days per week); and stress management practices. Intake of any alcohol is associated with higher SBP in a dose-response manner, including in individuals without hypertension.[2]

5. BP MANAGEMENT

5.1. Lifestyle and Psychosocial Approaches

Recommendations for Lifestyle and Psychosocial Approaches
Referenced studies that support the recommendations are summarized in the Evidence Table.

COR	LOE	RECOMMENDATIONS
		Weight
1	A	1. In adults who have overweight or obesity, weight loss is recommended with a goal of at least 5% of body weight reduction to prevent or treat elevated BP and hypertension.[1-9]
		Diet and Nutrients
1	A	2. In adults with or without hypertension, a heart-healthy eating pattern, such as the DASH eating plan, is recommended to prevent or treat elevated BP and hypertension.[9-15]

continued in the next column

Continued

COR	LOE	RECOMMENDATIONS
1	A	3. In adults with or without hypertension, reduction of dietary sodium intake* is recommended to <2,300 mg/d, moving toward an ideal limit of <1,500 mg/d to prevent or treat elevated BP and hypertension.[4,12,16-19]
2a	A	4. In adults with or without hypertension, potassium-based salt substitutes† can be useful to prevent or treat elevated BP and hypertension, particularly for patients in whom salt intake is related mostly to food preparation or flavoring at home, except in the presence of CKD or use of drugs that reduce potassium excretion where monitoring of serum potassium levels is indicated.‡[20-24]
1	A	5. In adults with elevated BP or hypertension, moderate potassium supplementation,§ ideally from dietary sources, is recommended to prevent or treat elevated BP and hypertension, except in the presence of CKD or use of drugs that reduce potassium excretion where monitoring of serum potassium levels is indicated.‡[25-27]
		Alcohol
1	A	6. Adults with or without hypertension who currently consume alcohol should be advised to pursue a recommended goal of abstinence, or at least to reduce alcohol intake to ≤1 drink/d for women and ≤2 drinks/d for men to prevent or treat elevated BP and hypertension.‖[28-31]
		Physical Activity
1	A	7. In adults with or without hypertension, increasing physical activity, through a structured exercise program that includes aerobic exercise and/or resistance training, is recommended to prevent or treat elevated BP and hypertension.[1,3,4,14,32-39]

Continued on the next page

UNION COMMUNITY HEALTH CENTER

CARING FOR THE BRONX FOR OVER 100 YEARS

December 11, 2025.

Testimony in Support of Int 1465-2025

Good morning Committee Members and Council Member Feliz,

Thank you for the opportunity to provide testimony in strong support of Int 1465-2025. Union Community Health Center commends the Council for addressing the public health issue of high dietary sodium intake.

Health Impact of High Sodium Intake:

According to the American Heart Association (AHA), the recommended daily sodium intake for most adults should not exceed 2,300 milligrams for optimal cardiovascular health. Exceeding these limits is associated with increased risk of hypertension, heart disease, and stroke.

Beyond the deleterious cardiovascular effects of a high sodium diet, other respected health organizations also recognize additional concerns. The American Diabetes Association (ADA) indicates high sodium diets may worsen insulin resistance, effectively making diabetes management more challenging. Furthermore, high-sodium diets are often tied to processed foods that contribute to weight gain, obesity, and poor health outcomes, according to the Obesity Society.

Support for the Legislation:

The requirement for chain restaurants to display a sodium warning icon and a corresponding health notice is a scientifically grounded measure that empowers consumers to make informed dietary choices.

In conclusion, Union Community Health Center supports Int 1465-2025 as a meaningful step toward reducing sodium-related health risks in the community. Thank you for considering this testimony.

Respectfully submitted,

Jae Ahn, DO
Chief Medical Officer
Union Community Health Center
260 East 188th St
Bronx, NY 10458

Dear Members of the City Council Committee on Health,

My name **is** Abdul Rashid Abdulai, and I am a medical student at the Albert Einstein College of Medicine and a master's student in Health Policy and Management at the CUNY School of Public Health. I've lived in the Bronx for more than ten years, and my family has built its life in the South Bronx for three decades. The health of this city matters to me because it is more than where I live—it is the community that raised me and two generations of my family.

I am writing in strong support of Int. 1465-2025, which would update and strengthen the sodium warning icon for chain restaurants. This straightforward, evidence-based policy has the potential to improve long-term health outcomes across New York City.

High sodium intake is one of the leading drivers of hypertension—a condition that affects nearly half of U.S. adults. Here in NYC, the burden is even more severe: about 1 in 4 adults has high blood pressure, and in some South Bronx neighborhoods the rate exceeds 35%, far above the city average. These inequities translate directly into higher rates of heart disease and stroke, the leading causes of death in our city. The CDC estimates that reducing sodium intake by just 400 mg a day could prevent up to 28,000 deaths nationally each year.

Restaurant foods are a major contributor to excessive sodium intake, with many items containing more than an entire day's worth of sodium in a single serving. For individuals with chronic illnesses such as diabetes, kidney disease, and heart failure—conditions that disproportionately affect communities like mine—even one high-sodium meal can trigger dangerous complications.

A clear and prominent sodium warning icon gives New Yorkers the information they need in real time, before they place an order. Research from NYC's earlier sodium labeling rule showed that consumers were more likely to notice high-sodium items and choose lower-sodium alternatives when the icon was displayed. Public health labeling works—and it works best in communities with the highest burden of chronic disease.

This bill is also a matter of health equity and policy accountability. The South Bronx and other historically marginalized neighborhoods face the dual challenge of high chronic disease rates and a high density of chain restaurants. Updating the sodium warning icon helps close the information gap and ensures that every community—not just those with access to nutrition counseling or specialty care—has the tools to make informed decisions. At the same time, policies like this encourage industry reformulation, just as we saw after NYC's trans fat ban and calorie labeling requirements.

Ultimately, Int. 1465-2025 is a low-cost intervention with substantial potential for public health impact. As someone who has lived in the Bronx for much of my life, and who is training to care for the communities most affected by chronic disease, I strongly urge the Committee to pass this bill.

Thank you for your time and consideration.

Respectfully,
Abdul Rashid Abdulai
Bronx Resident
Medical Student, Albert Einstein College of Medicine
Master's Student, CUNY School of Public Health

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: 12/12/2025

(PLEASE PRINT)

Name: Dr. Michelle Morse

Address: _____

I represent: NYC Health Dept.

Address: _____

THE COUNCIL
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Date: 12/12/2025

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Name: Dr. Gretchen Van Wye

Address: _____

I represent: NYC Health Depart

Address: _____

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THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1465 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Vanessa Salcedo, MD, MPH

Address: 260 East 148st Bronx, NY

I represent: Union Community Health Center

Address: _____

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