



New York City Council Hearing

FY24 Preliminary Budget Hearing

Committee on Hospitals

Mitchell Katz, MD

President and Chief Executive Officer

NYC Health + Hospitals

March 21, 2023

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

I am happy to be here to report on our finances for Fiscal Year 2024. Health + Hospitals is the largest municipal health care system in the country, serving over 1 million New Yorkers annually in over 70 locations. Our integrated system includes 11 acute care hospitals, 5 post-acute facilities, the Gotham Health network of clinics across the 5 boroughs, and MetroPlus, our subsidiary health plan. Every day, our 40,000 employees live our mission of providing high quality health care services with compassion, dignity, and respect to all, regardless of income, gender identity, race, sexual preference, or immigration status.

Accomplishments

Three years ago, COVID-19 arrived in New York City and required a huge commitment of our energy and resources. Health + Hospitals invested financially, physically, and emotionally to contend with the virus, and continues to do so today. As a result of these efforts, Health + Hospitals emerged from the pandemic stronger and more united in many ways. We solved new challenges, marked major milestones, invested in patient care and responded with excellence to the needs of the diverse communities we serve.

As we move beyond the emergency response to COVID-19, I want to take a moment to recognize the incredible work of our medical frontline at Health + Hospitals, including leading the city's response to the pandemic via the Test & Treat Corps.

- **Testing** – Since the beginning of the city's operations, over 14.5M tests have been administered across testing sites and programs.
- **Treating** – Our innovative mobile test to treat program has been able to administer over 4,700 Paxlovid prescriptions and Virtual ExpressCare has connected people with Paxlovid prescriptions over 37,000 times.
- **Long COVID** – the AfterCare program, which provides New Yorkers experiencing Long COVID information and tools related to Long COVID, and connects them to health and social needs resources that support them in their recovery, has proactively reached out to over 500,000 New Yorkers, and referred more than 57,000 people to critical health, social and financial support services.

While we are nearing the end of the COVID-19 emergency, we know COVID-19 is not going away. That is why we are transitioning the services we've been offering through Test & Treat into our Health + Hospitals system. In other words, our hospital-based outpatient testing tents and mobile units will shift to offer permanent services inside our hospitals and Gotham clinics. Moving forward, instead of getting a COVID test at a mobile unit, your doctor can do the test for you in clinic. If you have a positive test at home, you'll still be able to call 212-COVID19 and speak right away with one of our Virtual Express Care clinicians to have Paxlovid prescribed for you.

In addition to our team's extraordinary work to contend with COVID-19, we have also been able to achieve much more this year.

Among other successes, we have:

- Provided care to over 9,000 asylum seekers, and helped to set up the Humanitarian Emergency Response and Relief Centers
- Launched "Housing for Health" to connect our homeless patients to housing, which has already housed over 400 patients
- Administered over 15,000 mpox vaccinations at our hospitals and mobile sites
- Expanded B-HEARD, the powerful new program where Health + Hospitals social workers and FDNY EMTs respond to 911 mental health calls, to 10 additional police precincts, covering Washington Heights, Inwood, the South Bronx, East New York, and Brownsville
- Expanded our award-winning Street Health Outreach & Wellness (SHOW) vans to include buprenorphine treatment for people with opioid use disorder – a life-saving intervention to broaden the vans' already sizeable impact
- Completed expansion of our nationally renowned lifestyle medicine service program to all 11 of our hospitals, offering plant-based lunches and dinners as the default choice for our patients
- Launched a Bio Surveillance Program, which tests wastewater for infectious disease, at all 11 of our hospitals
- Grew to over 426,000 unique primary care patients and improved specialty care access with 150,000 e-consults last quarter
- Earned Medicare shared savings for reducing cost and providing high quality care for patients through its Accountable Care Organization (ACO)

- Continued to grow our Virtual ExpressCare which began providing Paxlovid throughout the State, administering the most Paxlovid prescriptions of any provider in New York City
- Made critical system investments, opening a:
 - State-of-the-art lab at NYC Health + Hospitals/Bellevue
 - Extended Care Unit at NYC Health + Hospitals/Kings County, offering patients with severe mental illness a longer stay, spending up to four months with intensive supports
 - Cardiac Rehabilitation Center, the first in within our system, to help hospitalized patients and outpatients who have recently undergone a cardiac procedure, or cardiac event

Additionally:

- Our MetroPlus Health plan membership grew to over 700,000 members
- All 11 of our hospitals received “Baby-Friendly” designation for successfully providing evidence-based maternity care practices to support optimal infant feeding
- NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/South Brooklyn Health received the prestigious Pathway to Excellence Award
- NYC Health + Hospitals/Elmhurst and South Brooklyn Health received Beacon awards for nursing excellence, along with NYC Health + Hospitals/Bellevue Coronary Care Unit

Financial Performance YTD

Health + Hospitals has closed the first half of FY23 with a negative net budget variance of \$89M due to higher than anticipated expenses on temporary nurse staffing to keep our facilities running. Our FY24 Preliminary cash plan is largely consistent with our recent performance though we are anticipating a loss of \$144M in FY23 (a 1% loss) due in part to the higher expenses and the delay in the receipt of certain federal revenues.

Our Strategic Initiatives associated with revenue cycle improvements, managed care contracting improvements, and value-based payments also remain on track. Through December, they have generated \$397 million in revenue and have a projected line of sight of \$676 million for the full year, on target with our projections.

FY24 Preliminary Financial Plan

Our February closing cash was approximately \$650 million (26 days cash-on-hand), a position largely in line with our average cash position through the fiscal year. We continue to work closely with our State and federal partners to receive prior and current-year payments that we are owed.

As we look at our Preliminary Financial Plan, our overall fiscal picture remains stable thanks to the herculean effort of our staff during these unprecedented and challenging times. In reviewing our long-term outlook, we continue to believe that we are well-positioned, but we remain constantly vigilant of external risks, including expected timing of federal reimbursements, ongoing cost pressures

related to inflation and staffing pressures, and potentially devastating federal DSH cuts. We will continue to work closely with our City, State, and federal champions, while we implement our major internal Strategic Initiatives to shore up our financial position. Our Strategic Initiatives -- which includes increasing patient care access, growing revenue through improved revenue cycle performance and reimbursement through insurance plan negotiations, and contracting savings -- are projected to produce \$1.1 billion in FY23, growing to \$2.0 billion by FY27.

We are also in the midst of advocating aggressively for equitable access to State funding, particularly funding that is earmarked for essential safety net hospitals like NYC Health + Hospitals. We are thankful to our champions in Albany, including State Senate Health Chair Gustavo Rivera and the Assembly Health Chair Amy Paulin, plus so many of the State Senators and Assembly Members who represent our facilities. We are also fortunate to work closely and productively with the executive branch, particularly the State Department of Health. We are also, of course, grateful to so many of you, our Council Members, who stand with us to serve our system and communities. State funding is critically important to us in our efforts to strengthen NYC Health + Hospitals.

As we look to the out years, we expect to continue to face some federal reimbursement delays in FY24 resulting in a loss of \$110M. However, by FY25 we expect to get caught up on our reimbursement and have a positive operating margin in FY25 of \$78M. By FY26 and FY27, we will be facing the full brunt of multiple year of DSH cuts, resulting in expected losses of \$230M and \$288M, respectively. We ask the Council for their continued strong advocacy on our behalf

to fight the continued delay or elimination of these harmful cuts, slated to begin October 1, 2023.

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



OFFICE OF THE BROOKLYN BOROUGH PRESIDENT

ANTONIO REYNOSO

Brooklyn Borough President

**City Council Committee on Hospitals
Hearing on the Preliminary Budget 3.21.23**

Good afternoon, Chair Narcisse and thank you for holding this hearing today. I am here to speak about the staffing crisis within our hospitals, and specifically, Health + Hospitals. Health equity in our hospitals is ensuring that patients receive the quality care and attention that they deserve; we can achieve health equity when we properly staff our hospitals and have pay parity. Funding for our public hospitals this budget cycle must consider the following:

Safe Staffing Ratios: Nurses are the backbone of the healthcare system. They spend the most time with our patients and serve as health educators, caregivers, and clinicians. They were at the frontlines during COVID-19 and have not stopped serving as our healthcare heroes. Nurses deserve the same care and respect that they dedicate to their patients every single day.

It has been nearly two years since New York's Nurse Staffing Law passed, but implementation has been disheartening and our hospitals are still operating at unsafe staffing ratios. As of February 2023, the Medical Intensive Care Unit (MICU) at H+H Kings County Hospital, for example, is operating at a 4.873 to 1 patient-to-nurse ratio,¹ far above the 2-to-1 ratio required by the State legislature and recommended by National Nurses United.² High nurse-to-patient ratios are related to a 7% increase in hospital mortality for each additional patient, as a result of infections like pneumonia, gastrointestinal bleeding, cardiac arrest, and 60-day mortality and readmission. Treatment costs for these issues could be mitigated when appropriate safe staffing ratios are put into place to prevent them from happening in the first place.³

Safe staffing also reduces stress, anxiety, burnout, and turnover among staff. This has the potential of saving costs for recruitment and training, which together can cost \$82,000 to \$88,000 per new hire. It reduces the need to resort to staffing agencies that may place temporary, less

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<https://public.tableau.com/app/profile/nysnaresearch/viz/nysnawebsitedash/NYSNASTaffingCaptains?publish=yes%5D>

² https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2021-10-07/docs/codes_committee_agenda.pdf

³ <https://www.nysna.org/experience-and-research-show-safe-staffing-ratios-work-0#.ZBkSg3bMLKQ>



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Brooklyn Borough President

qualified staff within facilities that becomes an overall cost liability. The crisis we face is not just a shortage in nurses, but in safe work environments, and it puts healthcare in peril.

Pay Parity: Not only are unsafe staffing ratios a risk for staff attrition, pay gaps between nurses in the public and private sectors are forcing nurses to leave our public hospitals. At the heels of private sector nurses winning historic agreements that enhanced safe staffing ratios and raised their pay by 19.9% this past January, we owe our public sector nurses the same, or we will witness a growing pay gap of \$19,000 between the public and private sectors.⁴

NYC Health + Hospitals accounts for 17% of hospital beds across New York City but bears a disproportionate share of social responsibility for patients who are low-income, people of color, Medicaid recipients, or uninsured – a population that has been marginalized for generations. We need infrastructure that ensures health equity for our most vulnerable patients, especially a representative workforce that can offer linguistically and culturally sensitive care. This is the same workforce that has been traditionally subjected to wage gaps with their White counterparts; we cannot let history repeat itself. Health equity comes from treating our healthcare workforce equally. Right now, we're not paying our public sector nurses what they need and deserve, so instead they're leaving for private institutions that pay more and provide better contracts. This creates a detrimental cycle of staff shortages that in turn affect staffing ratios.

We need a coordinated effort from our City and State government to set a new standard for how we support our public sector nurses, and to provide the funding and resources to achieve pay parity. Expense-reducing personnel initiatives in the preliminary budget simply cannot include a cut in wages for our frontline nurses.

Midwifery Care: Currently, New York City faces one of the most severe maternal mortality crises, with Brooklyn having the highest rates. Black and Brown birthing people are dying at 9.4 times the rate of their White counterparts. When I was elected, I promised that I would make Brooklyn the safest place to give birth. During my first year, I invested my entire capital budget of \$45 million to three Brooklyn H+H hospitals – Woodhull, South Brooklyn, and Kings County – so that they could improve their NICU and Mother-Baby Units and build state-of-the-art birthing centers. I hope that these capital investments will allow our hospitals to in turn, invest in its personnel.

⁴ <https://peoplesdispatch.org/2023/01/18/following-wins-in-the-private-sector-nyc-nurses-shift-fight-to-public-sector-hospitals/>



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Of these personnel improvements, I want to call attention to our midwifery workforce. Midwives are critical to reducing maternal death rates. Midwives work with patients throughout their prenatal and postpartum experience to offer clinical assessments, guidance and support, centering a philosophy that encourages natural births instead of cesarean births, which is often. In fact, my wife had two successful births at Woodhull Hospital in large part due to the care of midwives. A 2021 report by Nove et al shows that a facility with adequate staffing of midwives can avert 41% of maternal deaths, while even a moderate increase in staffing can avert deaths by 22%.⁵

When I started my fatherhood journey, I was disappointed to learn that of our three Brooklyn H+H hospitals, Woodhull is the only Brooklyn H+H hospital that has centered midwives in obstetric care for our birthing people. In 2019, 68.1% of its births were attended to by a licensed midwife, while this number was disproportionately lower at Kings County Hospital and Coney Island/South Brooklyn Hospital at 15.8% and 17.3%, respectively.⁶ I was further surprised to learn that at Kings and South Brooklyn hospitals, midwives were not always playing a leadership role, and some Birthing Suites housed only one midwife.

Midwives need to be a part of a patient's care journey from Day 1. I highly encourage the administration to consider investing in expanding midwifery care and ensuring that midwives are holding leadership positions, so that we can put a stop to this preventable maternal mortality crisis once and for all.

Thank you again for the opportunity to testify today. I look forward to working with the Council throughout the budget process to ensure that our public hospitals have the support they need to provide equitable and quality care.

⁵ <https://pubmed.ncbi.nlm.nih.gov/33275948/>

⁶ <https://health.data.ny.gov/Health/Hospital-Maternity-Information-Beginning-2008/net3-iygw/data>



Committee on Hospitals
FY24 Preliminary Budget Hearing
AIRnyc Testimony
March 21, 2023

Good afternoon, Chair Narcisse and Schulman, and Members of the Committee,

My name is Lola Simpson and I am the CEO of AIRnyc.

AIRnyc, a small community-based organization now located in the South Bronx, has been serving individuals and families citywide using a Community Health Worker (CHW) model. Our team of thirty-seven CHWs provides care coordination to improve equity in health care access and addresses social barriers such as insurance dis-enrollment, poor housing or lack of it, food insecurity, and environmental issues, all of which impede low-income Black and Hispanic New Yorkers' ability to access care and focus on their health and wellness. Our team works with people of all ages, races, ethnicities, and faiths who bear the highest burdens of poverty and chronic disease, including asthma, diabetes, COPD, hypertension, and high-risk pregnancy. AIRnyc's intervention has demonstrated the central and transformative role of the CHW in removing social barriers to well-being for people living in poverty.

In FY23, our CHW team was impactful in providing personalized support to more than 2,000 New Yorkers, helping them to access and navigate healthcare, insurance, and social care systems through contracts with NYC Health + Hospitals and other partners, and helped more than 30,000 Bronx residents with vaccination, health education, navigation, and resources through the NYC DOHMH Public Health Corps COVID-19 Disparities Grant.

AIRnyc requests that the Committee on Hospitals considers maintaining CBO funding for the NYC Health + Hospitals Asthma COPD CHW Program and NYC



DOHMH Public Corps/Community Health and Education Program of which we are under contract with both systems. **These programs are scheduled to end this year and it would be a devastating loss to our communities and families who have benefited significantly from CBO (CHW) services.**

First, AIRnyc was notified by the H+H Office of Ambulatory Care and Population Health, who oversees this program, that the funding and contract will end June 30, 2023. The Asthma/COPD CHW program was originally funded by NYS 1115 Medicaid Waiver Redesign through OneCity Health, the former Provider Performing System (PPS) and subsidiary of H+H from 2014 through 2021, totaling over 5M in investment to support this program with H+H. Financially, **it would be a waste to end this program in addition to being a loss to the communities we serve.** The total contract amount is \$924K over the FY23. We believe OMB approved and added funding for this program in the FY23 budget to cover the current contract that will expire June 30, 2023. To our knowledge, this funding came from the Public Health Corps grant that was converted from the CDC rescue grant.

To iterate, CBOs are able to more easily facilitate connections to social services, then CHWs employed directly by the hospital without the CBO connection. The CBO worked hard and diligently through the 1115 Waiver to set up the program at H+H and establish its infrastructure – providing CHWs with the ability to access a patient’s medical history in EPIC, and creating a critical collaboration between CBOs and H+H to address the social determinants of health. We feel it is more economical for the hospital to continue to partner with CBOs on this project rather than hire the CHWs themselves, since CBOs have lower overhead costs than the hospitals.

Second, the NYC DOHMH Public Health Corps COVID-19 Disparities Grant, through the Center for Health Equity and Community Wellness, was funded from the US Centers for Disease Control and Prevention. The goal of this program is to reduce overall COVID-19 risk by reducing barriers and addressing community needs in both the health and social service sectors. This program has been effective in accomplishing its goals through a multitude of outreach services that include health listening sessions, social service navigation and referrals, education, Days



of Action with other community organizations and the distribution of educational materials or personal protective equipment. Our street outreach and community activities have shed light on the devastating health, social, and environmental disparities and issues that low-income New Yorkers have been facing and that only exacerbated during COVID-19, and will continue to impact communities post-COVID. The structural racism and imbalance of health and social policies still remain, making it more crucial than ever for the City to provide essential funding to low-income communities rather than withdrawing life-changing resources that can help them to thrive. We feel DOHMH, as the public health oversight agency, should continue to support these services locally in partnership with CBOs.

I would greatly appreciate your support to continue these programs with H+H and DOHMH.

Many thanks for your consideration!

Respectively,

Lola Simpson

Lola Simpson
CEO



**Coalition For Asian American
Children+Families**

**New York City Council
Committee on Health jointly with Committee on Hospitals
March 21, 2023**

**Testimony of Medha Ghosh, MPH, Policy Coordinator
Coalition for Asian American Children and Families (CACF)**

Good evening, my name is Medha Ghosh, and I am the Senior Policy Coordinator for Health at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Narcisse for holding this hearing and providing this opportunity to testify.

Founded in 1986, CACF is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian American Pacific Islander (AAPI) population comprises nearly 18% of New York City. Many in our diverse communities face high levels of poverty, overcrowding, uninsurance, and linguistic isolation. Yet, the needs of the AAPI community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized AAPI New Yorkers. Working with over 70 member and partner organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

Nearly 19 million people reside in the New York City metropolitan area, and over 800 different languages are spoken. Because of New York's linguistic diversity, it is incredibly important to ensure language access. Language barriers are a huge obstacle faced by many folks in immigrant communities, and especially in the AAPI community. In New York City, the AAPI community has the highest rate of linguistic isolation of any group, as 46% have limited English proficiency, meaning that they speak English less than very well, according to a recent report from the New York City Department of Health and Mental Hygiene. Moreover, more than 2 in 3 Asian seniors in NYC are LEP, and nearly half (49%) of all immigrants in NYC are LEP.

Language barriers can prevent folks from accessing vital services like healthcare. Despite there being 76 language access policies targeting healthcare settings in New York, we have found that many LEP patients still report facing difficulties like being unable to find an interpreter that speaks their dialect or being unable to fill out paperwork because a translated version in their language does not exist. A lack of linguistically accessible services in hospitals can have grave consequences: more than half (52%) of adverse events that occurred to LEP patients in US hospitals were likely the result of communication errors, and nearly half of these events involved some form of physical harm.

Our campaign, "Lost in Translation" aims to ensure that New Yorkers have equitable access to linguistically and culturally responsive healthcare services. As part of our work, we conducted a



Coalition For Asian American
Children+Families

focus group with patient navigators to better understand the experiences of LEP patients. One navigator stated,

“A child was asked by a doctor to interpret for his mother. The doctor told the child that his mother had cancer, and the child refused to tell her. The doctor continued to ask him to interpret even though it was not his responsibility.”

Putting the burden of interpretation of medical information on the child of a patient is beyond unacceptable. New York City's H+H hospitals and clinics must have readily available, quality interpretation services at all times. In addition, our city's hospitals must provide quality translated materials to ensure that our LEP community members have access to accurate, up-to-date information.

For Fiscal Year 2024, we urge the New York City Council to oppose the proposed budget cuts and ensure that the budget for H+H hospitals and clinics includes better access to quality interpretation and translation services for our LEP patients. We also want to uplift Coverage for All and hope the Council will use their voice to ensure it is included in the State budget.

Thank you very much for your time.

Testimony for New York City Council Committee on Hospitals

Tuesday, March 21, 2023

By Chris Norwood, Executive Director of Health People

Good afternoon, I am Chris Norwood, Executive Director of Health People. I wanted to look at some overall policy and funding issues.

The first is the need to truly incorporate community groups into the work and mission of H+H and other hospitals.

In this endless crisis of staff and overwhelmed facilities, the value of community groups is that many have proven programs that reduce emergency room visits and hospitalizations. A lot of these programs – for asthma, mental health, high blood pressure, diabetes – proved themselves during the last 1115 waiver. Health People, for example, under funding from One City (the H+H 1115 waiver administrator) took the 6-session Diabetes Self-Management Program right into homeless shelters. Evaluation by DOHMH showed that emergency visits for the participants plunged by 45% and hospitalizations by 74% in six months. Most of these programs were counterproductively defunded at the end of the waiver.

I want to urge that H+H relook at these programs and how helpful they could be now! During Covid, H+H did a very commendable program of contracting with community groups through the Test & Trace Initiative. It showed a real capacity to work with community groups which desperately needs to be revived.

Equally—to take pressure off these fraught and stressed systems, let's look at terrible distortions where expensive procedures and endless emergencies are preferred over prevention. One that stands out—as we've discussed—are diabetes-related lower-limb amputations. Even the conservative ADA says that proper early care can prevent 85% of these expensive and disfiguring surgeries. But they are not just disfiguring patients. They are disfiguring the health systems. They cost an average \$500,000 in lifetime medical costs—and use incredible staff resources—surgeons, anesthesia, prosthetics, pain management, etc., etc.

Yet they have increased by more than 100% in the city in the past 10 years—certainly a clear place calling for real efforts to reduce pressure on the system in ways that also truly benefit patients.



**Testimony of Justin Wood, Director of Policy
New York Lawyers for the Public Interest
to New York City Council Committee on Hospitals on March 21, 2023
Regarding the FY2024 New York City Budget**

Good afternoon, Chair Narcisse and members of the Council, I am the Director of Policy at New York Lawyers for the Public Interest (NYLPI). We appreciate the opportunity to offer testimony today on the proposed FY 2024 executive budget.

At the outset, we want to thank the city Council for continuing to the Immigrant Health Initiative (IHI), which has directly supported NYLPI's programs aimed at improving the health and well-being of immigrant New Yorkers and their families through health education, outreach, and sustained policy advocacy.

Your support has led to increased enrollment by eligible immigrants in state-funded Medicaid. The improved access to Medicaid has had life-changing and often life-saving effects on the lives of our clients. In 2022, we were able to provide immigration and health screenings to 134 seriously ill people, obtain state-funded healthcare for more than 21 previously uninsured immigrants, and launch a new program providing direct legal services to transgender, gender-nonconforming, intersex (TGNCI), and undocumented people living with HIV by filing for viable immigration relief.

Whether insured or uninsured, access to high-quality care at public safety-net hospitals is critical to the clients and communities we represent and partner with. The proposed budget cuts of \$188 million in City funding from the Health and Hospitals budget are nothing short of alarming, especially added to federal cuts of an additional \$181 million.

In this budget process, we call on the Council to continue defending vital city services and investments from budget cuts and flatlining, and to restore funding, strengthen our invaluable public health system. With the Council's forecast of FY23 and FY24 revenue totaling \$5.2 billion more than Office of Management and Budget predictions, and Independent Budget Office's announcement of a \$4.9 billion surplus this year, now is not the time to retreat from our City's public health, equity, and sustainability goals.

Coverage For All Would Benefit Our City's Health System

Most immediately, we urgently need our Governor and State Legislature to expand the state's Essential Plan and Medicaid programs to cover all New Yorkers up to 250% of the Federal Poverty Level regardless of immigration status. We applaud the City Council for passing Resolution 84 of 2022 in support of Coverage For All legislation¹. We also thank Dr. Michelle Morse of the City's Department of Health and Mental Hygiene for submitting detailed comments in support of including low-income immigrant New Yorkers in the State's Section 1332 Waiver, which could be paid for with a \$2 billion annual health fund surplus.²

Enrolling in a comprehensive health insurance plan could directly benefit up to 250,000 uninsured immigrant New Yorkers – many of them essential workers – who would gain access to covering life-saving medical procedures like kidney and other organ transplants.

This would have an immediate positive impact for H&H and the City, which currently spend \$100 million annually for NYC Care – a laudable but limited “insurance-like” program allowing uninsured New Yorkers to receive primary care at H&H facilities and would also phase out the City's contribution to the State's limited and stopgap Emergency Medicaid program.

Using federal dollars to cover immigrant New Yorkers would also allow our safety net hospitals to provide more comprehensive care and to recoup substantially higher reimbursements for care than they receive under Emergency Medicaid. Moreover, NYC Comptroller Brad Lander's office has found that covering all New Yorkers would result in more than \$700 million in economic benefits through increased life expectancy, productivity, personal financial stability, and reduced emergency room visits.³

¹ Resolution 84 of 2022, available at: <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=5534252&GUID=277531D9-A106-425F-AABA-BA3DB5CC713E&Options=&Search=>

² Comments of Dr. Michelle Morse, Chief Medical Officer, NYC Department of Health and Mental Hygiene, March 11, 2023 available at: <https://www.nyc.gov/assets/doh/downloads/pdf/public/comments/comment-20230311-section-1332-essential-plan-extension.pdf>

³ “Economic Benefits of Coverage For All, NYC Comptroller's Office, March 15, 2022. Available at: [https://comptroller.nyc.gov/reports/economic-benefits-of-coverage-for-all/#:~:text=%E2%80%9CCoverage%20for%20All%E2%80%9D%20\(A880A,excluded%20due%20to%20immigration%20status.](https://comptroller.nyc.gov/reports/economic-benefits-of-coverage-for-all/#:~:text=%E2%80%9CCoverage%20for%20All%E2%80%9D%20(A880A,excluded%20due%20to%20immigration%20status.)

Equitable Access to Transplants can Save Lives and Save Money

Currently, many of NYLPI's immigrant clients with renal disease are forced to depend on long-term dialysis treatments, which are debilitating, less effective, and far more expensive than kidney transplants. We hope to continue partnering with the Council, Health and Hospitals, and other safety net hospitals to ensure that low-income communities, immigrant communities, and communities of color have equitable access to life-saving kidney and other transplant screenings and surgeries.

In 2021, NYLPI launched a pilot Transplant Pipeline with the kidney transplant program SUNY Downstate Medical Center. Last year, this program trained hundreds of health care and legal services providers, including providers at Montefiore Medical Center, the Bronx Health Collective, Bellevue, and Kings County Dialysis Centers, and caseworkers at the AIDS Center of Queens County and Hispanic AIDS Forum. NYLPI referred five people to kidney transplant centers and advocated on behalf of one client who was wrongfully denied a transplant evaluation at a local private transplant center because she lacked a social security number.

This pilot program can be scaled up. In the coming year, we hope to work in concert with the City Council, with H&H, and with the State and City Departments of Health to fund and implement best practices that would ensure that patients can equitably access organ transplant services regardless of immigration status, language, ethnicity, or gender. Interventions can include:

- hiring specially trained immigrant health coordinators at both referring hospitals and transplant centers;
- providing training for providers; and
- collecting system-wide data on the number of patients successfully referred for transplant evaluations and surgeries from H&H and other safety-net providers with large Medicaid, uninsured, and immigrant patient populations.

The City Should replace B-Heard With A Non-Police Mental Health Crisis Response

The preliminary budget continues to devote \$18 million in Health and Hospitals funding to B-Heard, a flawed program that should be replaced with the one proposed by Correct Crisis Intervention Today NYC (CCIT-NYC), based on proven, community-centered crisis response programs such as Oregon's CAHOOTS program.

B-Heard operates only on a part-time, limited basis, continues to route the vast majority of mental health calls to the NYPD, provides no role for trained peers, and uses EMTs as first responders to mental health crises who are deeply enmeshed in the current police-led response system.

We urge that B-heard be replaced with a program that would pair independent EMTs with trained peers, people with lived experience of mental health crises, who know best how to engage people in need of support.

Thank you for the opportunity to provide testimony today. We look forward to continued partnership with the City Council to advance health, immigrant, disability, and environmental justice for all New Yorkers.

Justin Wood
New York Lawyers for the Public Interest
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New York, NY 10001
jwood@nylpi.org
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NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.

NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.

Commented [MD1]: Hi Justin - do you want me to make edits now? It's confusing if we do it simultaneously.

Commented [JW2R1]: So sorry - ruth is giving me edits on the phone in real time

Commented [MD3R1]: oh, okay. great. i'll leave it to you two then.

Commented [JW4R1]: We're done now!

**Fiscal Year 2024 Expense Request Testimony
NYC Council Committee on Hospitals Preliminary Budget Hearing**

March 21, 2023

Good afternoon. My name is Maryam Mohammed-Miller and I am the Director of Government Relations at Planned Parenthood of Greater New York (PPGNY). Thank you to the Hospitals Committee Chair, Mercedes Narcisse for convening this hearing, Speaker Adrienne E. Adams, and to the entire City Council for your continued support of PPGNY and the opportunity to testify about our organization's FY24 budget priorities.

Planned Parenthood of Greater New York (PPGNY) is a trusted provider of sexual and reproductive health care and education programs for communities throughout New York City. Our relationship with the broader healthcare ecosystems and hospitals is vitally important to the overall healthcare service provision in all five boroughs. In 2022, our New York City health centers conducted almost 80,000 patient visits, providing care to all those in need regardless of immigration status, identity, or ability to pay for services. We engaged almost 4,000 individuals through our education and community engagement programs--including over 200 young people. Our Project Street Beat program, through their offices and Mobile Health Center, conducted 643 Mobile Health Center visits and almost 7,000 service encounters with individuals at high risk of HIV exposure. And in 2022, we enrolled over 4,000 individuals in health insurance programs.

We have faced several challenges in the last few years. Just months ago, we watched as the United States Supreme Court (SCOTUS) overturned the *Roe v. Wade* decision, ending 50-year-old precedent that constitutionally protected abortion in our country. The consequences of the Supreme Court decision are devastating for communities nationwide: twenty-six states are poised to ban or significantly restrict abortion access now that *Roe* is gone. That means 36 million people with uteruses could lose access to essential health care. Bans on abortions impact the most marginalized in our communities. They are designed to deny Black, Latinx, Asian, and Indigenous people their right to control their bodies and futures. These bans also disproportionately harm people with low incomes who cannot afford fundamental health care or travel to get it.

In New York City, we have already seen the impact of this decision. At PPGNY's NYC health centers, we have welcomed patients in need from states like Oklahoma, Texas, and Ohio where abortion restrictions have forced individuals to travel hundreds of miles to secure care. We expect to continue to see out-of-state patients as abortion restrictions continue to be enacted. The impact of the SCOTUS decision is compounded by the traumatizing effects of the COVID-19 pandemic that has impacted many New Yorkers, especially the marginalized communities PPGNY serves.

Safeguarding Access to Sexual and Reproductive Health Care in NYC

For several years, we have seen the consequences of continued federal attacks on health care for the communities we serve. From changes to the federal Title X program, to "public charge", restricted health

care access for the LGBTQ+ community, and the enactments of abortion restrictions throughout the country. Marginalized communities in our city have been faced with a series of threats to their right to adequate health care. Despite this reality, PPGNY is committed to providing care to all no matter the circumstance. That is why today, **PPGNY requests increased funding of \$800,000 from the Reproductive and Sexual Health Initiative to enable us to continue to provide sexual and reproductive health care services and educational programs throughout New York City.** PPGNY provides the full range of sexual and reproductive health care services that includes gynecological care, STI treatment and testing, contraception care, cancer screenings, and LGBTQ+ health care at all five of our NYC health centers. Screenings are incredibly important to ensuring that individuals stay healthy, and don't overtax an already burdened hospital system.

This funding allows PPGNY to continue to provide health care services in New York City to our most vulnerable patients, who qualify for low or no cost services because they are uninsured, low income, have an undocumented immigration status or are otherwise unable to use their insurance due to confidentiality or safety concerns. In 2022, PPGNY conducted almost 80,000 patient visits for sexual and reproductive health care to patients in New York City. Many of these patients live in communities that have been disproportionately impacted by the COVID-19 pandemic.

This funding also supports trainings to staff at youth serving agencies on how to support access to sexual and reproductive care, youth sexual development, birth control and pregnancy options, and sexually transmitted infections (STIs) and HIV. Additionally, this funding will support our Youth Health Promoters (YHP) program. The YHPs are highly trained peer educators who engage other young people and conduct interactive workshops to educate youth about teens' rights and access to sexual and reproductive health care to overcome barriers and stigma that teens may experience in accessing care.

Enhanced funding will greatly support PPGNY ability to continue to provide critical health care after the United States Supreme Court's decision to overturn *Roe v. Wade*, ending constitutionally protected access to abortion care. To ensure New Yorkers still have access to critical care, **we increased abortion appointment availability at our health centers by 20% and have dedicated 20% of our daily appointments to medical abortion care.** We also expanded online appointment scheduling allowing patients near and far to book appointments more easily for all services.

PPGNY also seeks enhanced funding from the **Dedicated Contraceptive Fund Initiative to provide long-acting reversible contraceptive (LARC) devices free of charge** to patients who choose LARC and are uninsured or under-insured, ineligible for public insurance coverage, facing financial hardship, or unable to use their health insurance due to confidentiality concerns. LARC devices such as IUDs and implants are safe, effective and allow New Yorkers who access this care the ability to make sound decisions about their lives and futures. Ensuring New Yorkers have access to contraception is of critical importance, especially since the SCOTUS decision overturning *Roe v. Wade*.

This funding will provide comprehensive contraception counseling, including access to long-acting reversible contraceptive (LARC) devices, insertion, and removal. This is provided free of charge to patients who are uninsured, ineligible for public insurance coverage such as Medicaid, and struggle to pay for their services out-of-pocket. Funds will also be used for patients who are not able to use their insurance due to confidentiality concerns and would otherwise not have access. This initiative will serve clients throughout the city who visit our five health centers or receive services on our Project Street Beat mobile health center. PPGNY has extensive experience in contraception counseling and LARC access.

We also request \$150,000 from the Trans Equity Programs Initiative to help empower the trans and gender non-conforming (TGNC) populations to lead healthy lives by expanding access to sexual and reproductive health services and gender affirming care at our health centers. The importance of this funding can't be overstated. Increased funding will allow PPGNY to provide this critical care to a community that has been historically marginalized and denied access to the health care they deserve. PPGNY offers trans/nonbinary care to all via telehealth and in the Brooklyn, Queens, and Manhattan health centers. In 2022, over 1,400 patient visits were conducted for gender affirming hormone therapy.

The cost of medications associated with this care can also be burdensome, even for those who are insured. We will use Council's funding to expand the sliding scale system that helps offset the costs of gender hormone medications at all our New York City facilities and expand culturally competent sexual and reproductive care to the TGNC community. Additionally, we will use funds to bolster access to patient navigators, individuals from the TGNC community to help our TGNC patients comprehensively access care at PPGNY health centers, build relationships with partner organizations, and raise awareness of our culturally competent care throughout communities in need.

Protecting and Expanding Access to Immigrant Communities through Culturally Competent Care

Immigrant communities PPGNY serves are still coping with the harmful legacy of the previous Presidential Administration, whose anti-immigrant sentiment left these communities unable or reluctant to access health care and coverage. This is compounded by the effects of the SCOTUS decision overturning *Roe v. Wade* which will disproportionately impact marginalized communities.

That is why today, we respectfully request \$150,000 from both the Access Health Initiative and the Immigrant Health Initiatives to support our Promotores de Salud (PdS) program throughout New York City. PdS works to expand access to sexual and reproductive health care and information for immigrant New Yorkers facing cultural and socioeconomic problems. In 2022, PPGNY engaged over 2,100 people in the community through this comprehensive community health promotion model.

The "Promotores" are native Spanish-speaking peer advocates and educators who integrate sexual and reproductive health information about health topics and the health care system into their community's culture, language, and value system, thus reducing many of the obstacles that Latinx individuals face in obtaining services.

This program is unique and vital for New York City. It is estimated that six in ten New Yorkers are either immigrants or the children of immigrants, nearly one-third of whom are from Latin America. The cultural and language barriers among newly arrived immigrants and foreign-born New Yorkers often keeps these populations out of more formalized health care. It is vital that we reach out to this population with culturally resonant information about sexual and reproductive health and services in order to address health disparities.

Our Promotores are a trusted resource for Latinx individuals seeking family planning services and information, and reflective of the communities they serve. Trained to function as peer health educators in their communities, they promote health services through outreach at local businesses including laundry mats and nail salons, offer assistance in making appointments, navigate medical visits, and coordinate culturally relevant group education activities on topics like breast health and birth control. The Promotores' community outreach model includes assisting individuals in making appointments at PPGNY's health centers and often acting as a medical navigator by providing medical interpretation.

Fighting to End the Epidemic through Project Street Beat

Another program that allows us to continue serving vulnerable New Yorkers, including our immigrant populations, is Project Street Beat (PSB).

We are requesting enhanced funding from the End the Epidemic Initiative of \$500,000, \$200,000 from the Speaker's Initiative, and \$100,000 from the HIV/AIDS Faith Based Initiative to support PSB. For over 30 years, our PSB mobile health center has provided targeted outreach and services to communities most in need through our mobile health center and our PSB offices in the Bronx and Brooklyn. PSB currently provides services in the Bronx, Brooklyn, Northern Manhattan and Queens.

The only program of its kind in New York City, since 1988, PSB has provided innovative client-focused, street-based HIV prevention and linkage-to-care programs that provide a range of services to some of the hardest to reach populations at high risk for HIV. PSB's MHC services include rapid HIV testing, linkage to HIV primary care, STI screening and treatment services, case management, counseling services, syringe access, opioid overdose prevention, and support groups. During outreach, individuals are offered and provided toiletries, snacks, HIV tests, as well as STI screening and reproductive health care services. PSB's MHC meets clients in their own neighborhoods, providing confidential, trusted care in the community. All services are free of charge and all clients testing HIV-positive are linked with HIV primary care services at partnering providers, as well as case management and other supportive services at PSB.

In 2022, PSB conducted 643 Mobile Health Center visits and provided almost 7,000 clinical visits, including PrEP/PEP, STI testing and treatment, birth control, pap smears, and routine gynecologic care as well as 510 HIV tests. Additionally, as a registered Expanded Syringe Access Program site, PSB distributes Narcan kits and syringe packs to individuals in need. Roughly 50% of PSB MHC patients were mono-lingual Spanish speakers who required medical interpretation services and were not eligible for health insurance.



Planned Parenthood of Greater New York

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Funding support from the City Council will allow PSB to continue to increase access to these vital services and provide holistic care to patients.

Additionally, we request \$150,000 from the Viral Hepatitis Prevention Initiative to enhance PSB's ability to combat the spread of viral hepatitis among people who use drugs and others who are at high risk for acquiring hepatitis. Viral Hepatitis disproportionately impacts marginalized and BIPOC communities. This funding would be used to increase Hepatitis C screening in our health centers and to train HIV prevention specialists to provide hepatitis counseling and rapid Hepatitis C screening on PSB's Mobile Health Center (MHC), PSB offices and our health centers. Funding would also support provision of safer injection materials and increased screening and intervention for people who use drugs by training PSB staff to implement an evidence-based screening, intervention, and referral tool. Council support would also expand linkages to HAV/HBV vaccinations and the provision of fentanyl strips as part of opioid overdose training.

Conclusion

PPGNY continues to be committed to ensuring that all New Yorkers, no matter their background, get the care they need. We look forward to working with the council to ensure healthcare access to all.

Thank you.



Testimony for the NYC Council 2023 Preliminary Budget Hearings

NYC Council Committee on Hospitals

**Mercedes Narcisse (Chair), Carlina Rivera, Francisco Moya, Selvena N. Brooks-Powers,
Jennifer Gutiérrez, Rita Joseph, Charles Barron**

March 21, 2023

Submitted by Kimberly George, President and CEO, Project Guardianship

Thank you, Chair Narcisse and Committee Members, for the opportunity to testify today. My name is Kimberly George, and I am President and CEO of Project Guardianship, a recent spinoff of the Vera Institute of Justice and an independent non-profit providing comprehensive, court appointed adult guardianship services to hundreds of limited capacity New Yorkers citywide. We serve clients regardless of their ability to pay and provide services for some of the most compelling and complex cases in the city. Our clients include New Yorkers living with serious mental illness, disability, dementia, substance use disorder (SUD), Traumatic Brain Injury, and other conditions that negatively impact their ability to manage their affairs. We also share research and recommendations for building a better guardianship system and advocate for a more equitable service response for people in need of surrogate decision-making supports or protective arrangements.

As this Committee knows, in November 2022, Mayor Adams announced that first responders would be directed to remove and hospitalize people who appeared too mentally ill to care for themselves, regardless of whether those individuals consented to medical treatment. In doing so, the mayor indicated a need for additional resources for hospitals to accommodate the anticipated increase in psychiatric patients throughout the city. This increase will certainly have a ripple effect on a variety of related human services providers, including guardians. This is because, according to data collected by the NYS Office of Court Administration, hospitals account for 25% of guardianship petitions brought in New York State. This occurs largely in cases where a patient cannot consent to services, a patient is unable to navigate Medicaid enrollment to cover their medical bills, and/or the hospital cannot arrange for a safe discharge. In most cases, patients also lack familial and other supports.

According to a recent report by the American Bar Association, mental illness is the reason for guardianship appointments in approximately 20% of cases nationwide. Among our client population, 54% are diagnosed with mental health conditions, such as schizophrenia, bipolar disorder, and post-traumatic stress disorder. Poverty, too, is common among our clients, as 74% of them live below the poverty threshold. Older New Yorkers citywide are growing poorer as they battle inflation and the enduring effects of the COVID pandemic. These effects include increased rates of social isolation (and



related dementias and Alzheimer's diagnoses¹), homelessness, and substance use disorder², which experts have attributed to a mental health crisis gripping New York³.

Adding to the urgency of this issue, the impending expiration of the Public Health Emergency will result in a loss of medical coverage for countless older adults. Hospitals, already struggling to recover from surging pandemic costs and an inability to safely staff, stand to see further overcrowding with patients who are not in need of medical attention, but rather a support system for post-acute care. Considering this data and our own experience serving as a legal guardian over the past 18 years, we know that an increase in psychiatric hospitalizations, compounded with statewide Medicaid disenrollment, will lead to an increase in guardianship petitions and appointments and, just like our hospitals, guardianship providers will also need more resources to meet that imminent need.

We stand ready to respond to the imminent uptick in guardianship petitions and appointments due to Mayor Adams' directive, but we will need additional funding to meet the needs of these clients adequately and in the most person-centered way possible. We have and will continue to fill the gaps in our social safety net and will persist in connecting our clients to the housing, health and mental health care, legal and immigration services, and public benefits they need and deserve to gain stability and reduce their contact with first responders and the hospital system. With additional support from the Council, we can offer our model of interdisciplinary services for more New York City residents who will undoubtedly enter guardianship arrangements as this directive is executed.

We hope to work with you as we strive to serve our fellow New Yorkers who may be impacted by this new directive.

Thank you for your time and consideration

Please contact Kimberly George at kgeorge@nycourts.gov with any questions or requests for additional information.

¹ <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>

² <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief130.pdf>

³ <https://www.ny1.com/nyc/all-boroughs/homelessness/2022/03/03/losing-hope-on-the-streets--a-mental-health-crisis-grips-the-city>



Make the Road New York

Testimony to NYC Council Hospitals Committee

3/21/2023

Good afternoon and thank you to Chairwoman Narcisse and the Hospitals committee. My name is Carmen Garcia and I'm a Community Health Worker Supervisor at Make the Road New York. With a membership of 25,000, Make the Road has now been serving New York's communities of color and immigrant and working class families for 25 years. We provide health, legal, adult education, and youth services to 15,000 per year in NYC - plus offering community organizing, transformative education, and policy innovation on health access and other areas.

Thank you Chairwoman Narcisse and Council Members Moya, Gutierrez, and Joseph for securing vital funding in FY23 for our services.

Make the Road's health and hospitals budget requests in FY24 include the following allocations, **all to serve immigrant and working-class New Yorkers:**

- **We request \$200,000 for Make the Road under the Speaker's Initiative** for our wraparound health, legal, adult literacy, and youth services, reaching over 15,000 individuals citywide.
- Council must expand funding for the Access Health Initiative to \$4M and allocate \$2.3M in funding for the Managed Care Consumer Assistance Program (MCCAP).
- Council must maintain funding for Ending the Epidemic at \$7.7M and the Immigrant Health Initiative at \$2M.
- **We request renewed allocations to Make the Road of \$110,000 under the Access Health Initiative, \$80,000 under the Immigrant Health Initiative, \$76,218 under the MCCAP initiative, and \$75,000 under Ending the Epidemic** to help address health care disparities.
- **We request \$50,000 from the Food Pantries initiative** from the Queens and Brooklyn delegations for our pantries in Queens and Brooklyn. The pantries provide culturally competent food access, combined with referrals to Make the Road's health and other services.
- We request **continued funding of the Community Health Worker asthma project**, in which NYC Health & Hospitals partners with Community Based Organizations. CBOs like us directly hire the Community Health Workers who then work at H+H sites, and provide support to H+H patients by conducting home visits, addressing environmental factors in the home that exacerbate the patients asthma, help patients manage their asthma, and give patients access to holistic

services that address social determinants of health. It is essential that this program continue to partner with and fund CBOs as a key component of the project.

- We ask **that the Council and the Mayor continue to advocate for the State to include all immigrants in the 1332 waiver request submit a comment on the State's 1332 waiver request by March 11th**, to ensure that all immigrants are included in the waiver, allowing which would allow the state to access Federal funding to expand health coverage to all immigrants, regardless of immigration status. The city should continue to advocate for the passage of Coverage4All in this year's state budget, to ensure that all immigrants have access to health insurance, regardless of immigration status.
- **The Administration must expand funding for the NYC Care health access program**, operated by NYC H+H that guarantees low-cost and no-cost services to New Yorkers who do not qualify for, or cannot afford, health insurance. NYC Care must receive \$100M per year to continue to implement the program and fund CBOs to conduct outreach, education and direct enrollment. They should also receive additional funding to be able to expand the program to Federally Qualified Health Center which was approved under Local law 107.

Despite the threat of budget cuts, thank you for continued vital funding for CBOs that provide health access for immigrant and working-class New Yorkers of color. We appreciate your support.

Testimony of Sue Ellen Dodell before the Hospitals Committee on March 21, 2023:

My name is Sue Ellen Dodell, I am a lawyer, and have worked for the City since 1979, as an Assistant Corporation Counsel, the Deputy General Counsel to three Comptrollers, and General Counsel to the Campaign Finance Board. When I worked for the Comptroller's Office, I sat on the City's pension boards and represented the Comptroller on the Franchise and Concession Review Committee. Since my retirement from the Campaign Finance Board in 2017, I have worked as a per diem hearing officer for the Office of Administrative Trials and Hearings.

I am concerned about the effect on public hospitals and the effect on the H and H budget, of the contract that the City is about to enter into with Aetna for a Medicare Advantage Plan for City retirees. The plan is inferior to traditional Medicare because it reduces retirees' access to necessary medical care and will have grave consequences for the H and H budget.

City retirees will be forced to delay necessary care, resulting in an increased reliance on urgent care facilities, emergency rooms, and Medicaid. As you conduct today's budget hearing and think about the effect of the Aetna plan on public hospitals, consider that private hospitals do not have to remain in the Aetna plan, and their withdrawal from the plan will virtually ensure that public hospitals in New York City will be forced to serve these patients. This increased demand on City hospitals will greatly impact the City's budget.

Further, because the care received by City retirees in the Aetna plan will be inferior to traditional Medicare, it will result in increased costs to the City when retirees and others covered in the Aetna plan will need to seek treatment at H and H hospitals.

I urge you to support the legislation sponsored by Council Member Farias, which would continue to provide retirees with a robust Medigap plan.

Thank you.

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Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: Man Yuck Yu

Address: 209 Joralemon St, Brooklyn NY

I represent: Office of Brooklyn Borough President

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Mitchell Katz

Address: Primary Care Physician and

I represent: President and CEO of

Address: NYC H+H.

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THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: March 21/23

(PLEASE PRINT)

Name: Chris Norwood

Address: _____

I represent: Health People

Address: _____

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NYNA

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Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: MARION PARKINS

Address: _____

I represent: NEW YORK STATE NURSES ASSOCIATION

Address: 131 W. 33RD ST. NEW YORK NY 10001

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THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: John J. Berg

Address: Senior Vice President

I represent: and Chief Financial

Address: Officer, (H+H)

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DORIS Y. Yang, Senior

Address: Vice President at H+H for

I represent: Vice HHS

Address: _____

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HOSPITALS
BUDGET

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: JUSTIN WOOD

Address: 151 W. 30th St., NY, NY 10001

I represent: NYLPI

Address: _____

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THE CITY OF NEW YORK**

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: SHAIINA MARSTON

Address: _____

I represent: NEW YORK STATE NURSES ASSOCIATION

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

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

☐ in favor ☐ in opposition

Date: 3.22.2023

(PLEASE PRINT)

Name: KRISTIE SIMMS, NP

Address: _____

I represent: NEW YORK STATE NURSES ASSOCIATION

Address: 131 W. 33RD ST. NEW YORK NY 10001

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NYCNA

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ABOLAJI ADEMIMPE

Address: _____

I represent: NEW YORK STATE NURSES ASSOCIATION

Address: _____



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Appearance Card

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

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Date: 3-21-23

(PLEASE PRINT)

Name: THOMAS SOBIA

Address: 3

I represent: MOVE THE MONEY - NYC

Address: 54 51 Brooklyn 11215



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