

Testimony
of
Commissioner Nisha Agarwal
New York City Mayor's Office for People with Disabilities
before the
New York City Council
Committee on Disabilities
on
Oversight - Equal Economic Opportunity for New Yorkers with Disabilities.

May 5, 2026

Good morning, Chair Hanif and members of the Committee. Thank you for the opportunity to speak to you today.

My name is Nisha Agarwal, the Commissioner of the Mayor's Office for People with Disabilities (MOPD). I have short black hair and brown skin. I'm wearing a brown top and slacks. I have aphasia, and I have my handy cane by my side.

MOPD's mission is to ensure that New York City is accessible and inclusive for the more than one million New Yorkers with disabilities who live and work in our city. We do direct services, community engagement, strategic communication and policymaking at the local, state, national, and international levels for public and private stakeholders alike.

Employment is vital.

Data

First, I want to set the scene with some numbers. In employment for New York City:¹

- Just 40 percent of New Yorkers with disabilities of working age are employed, compared to 73 percent of the city's overall working-age population.
- And for those who are in the labor force, the unemployment rate is nearly double, 13 percent for people with disabilities compared to 7 percent citywide.

We also know that, on average, people with disabilities may spend approximately 20 percent of their income on disability related expenses, causing a strain on incomes.²

Furthermore, people with disabilities grapple with a tight housing market, inflationary costs on food and other necessary goods, transportation barriers, health care coverage considerations, and other everyday affordability matters.

The bottom line – people with disabilities are feeling the burden of affordability issues, oftentimes at exacerbated rates compared to other New Yorkers.

As our Administration works to address many of these factors more broadly, we at MOPD are working to advance policy, strategic partnerships, and communications to move the needle as well.

Programs

A core focus of that work is on jobs for people with disabilities.

¹ American Community Survey (ACS) data, 2019-2023

² Morris, Z.A., et al. (2026), "The Disability Squeeze: Out-of-Pocket Expenses and Unmet Needs for Disability-Related Goods and Services in the U.S.," Disability and Health Journal, <https://doi.org/10.1016/j.dhjo.2025.101930>

The dignity of work, the independence it can provide, and the ability to build a life in the city we all love.

For example, MOPD's signature jobs program NYC: ATWORK has been active for nearly a decade, and it provides a continuum of individualized services to both jobseekers and employers.

For jobseekers, we offer career advice, resume and interview preparation, guidance on disclosure and reasonable accommodations, retention services, and support for those applying to City government.

On the employer side, we provide recruitment support, pre-screened candidate referrals, and personalized hiring events, among other services.

To date, our program has helped nearly 800 New Yorkers with disabilities secure employment, including a significant number as part of the 55-a program, a pathway for people with disabilities to secure employment with the city.

And since July 2023, in conjunction with our sister agencies and across the city, we count more than 3,000 people with disabilities having secured employment. Nearly 150 of which came through NYC: ATWORK.

While MOPD has been at the forefront of this work, we cannot do it without the partnership of our sister agencies and colleagues also committed to this effort.

Colleagues at the Department of Citywide Administrative Services (DCAS), at the Department of Small Business Services (SBS), and at the Mayor's Office of Talent and Workforce Development (NYC Talent) all play a role in employment for people with disabilities.

Real Life Example

Finally, I want to share a success story so we can all put this work into perspective.

When asked what one of our clients liked about his job he said, "My work feels meaningful." He went on to offer advice to other job seekers saying, "Be patient; the right opportunity will come your way."

This client now works on health and safety issues at DCAS. He has a background in project analytics and has a graduate degree in transportation related issues. Prior to his role at DCAS, he spent 10 years in the workforce between internships, part-time work, and one full-time role.

He came to one of our job fairs in 2024 and worked through a year long period before a soft job offer turned into tangible employment. He was also able to utilize the 55-a program as a pathway to employment with the city.

He has a learning disability and one of his goals has been building his confidence in the workplace.

To that end, one of our career advisors has continued to meet with this client while he is on the job at DCAS.

They're debriefing about everyday issues the client faces, ways to build his confidence in his unit, and shaping his ongoing career trajectory.

That ongoing support from our career advisor continues for 1 year following employment and our advisor and the client have been meeting consistently for 8 months now. In other words, building momentum and helping the client firmly settle in.

This is just one story of a job seeker that has been touched by our ATWORK program.

Showing the dedication of our staff and the powerful story of how patience, support, connection, and follow-up can impact our fellow New Yorkers.

So, let's keep pushing ahead, working together, and fighting to extend opportunities for people with disabilities just like the one highlighted here.

Our work makes a difference.

Thank you again for the opportunity to testify today, and I look forward to answering your questions.

Testimony of Haris Khan
New York City Department of Small Business Services

Before the Committee on Disabilities
Oversight: Economic Opportunity for New Yorkers with Disabilities

May 5, 2026

Good afternoon, Chair Hanif and members of the Committee on Disabilities. My name is Haris Khan and I serve as Chief of Staff at the New York City Department of Small Business Services (“SBS”). I am pleased to join today’s hearing with Commissioner Agarwal from the Mayor’s Office for People with Disabilities (“MOPD”), Executive Director Lipari from the Office of Talent and Workforce Development (“NYC Talent”), and Assistant Commissioner Outar from the Department of Citywide Administrative Services (“DCAS”).

Per the City Comptroller’s 2024 report, NYC working-age adults with disabilities face an employment rate of just 41%, compared to 81% for those without disabilities, a gap that carries real consequences for economic security and quality of life. At SBS, doing our part to close that gap is a priority. We are committed to delivering economic opportunity for all New Yorkers, and today I want to report on the steps we are taking to better serve New Yorkers with disabilities.

Over the past several years, SBS has worked to make our Workforce1 Career Centers more accessible and effective for jobseekers with disabilities. Through the state-funded New York Systems Change and Inclusive Opportunities Network (SCION) program, we expanded employee trainings, hosted targeted recruitment events, and improved accessibility across our centers. In October, to mark National Disability Employment Awareness Month, we hosted three resource fairs that connected more than 180 jobseekers to community resources, benefits counseling, and job placement support. This month, we are continuing that momentum with two additional events — one tomorrow in Jamaica, Queens, and another on May 12th in Staten Island.

Across all Workforce1 Career Centers, we have placed more than 1,200 New Yorkers with disabilities since FY24 and more than 150 Workforce1 center staff members receive training and support from our Disability Resource Coordinators (DRCs), as well as disability etiquette awareness training from our colleagues at MOPD. This ensures that when a New Yorker with a disability walks through any of our doors, they are met by staff who are prepared to serve them with competence and respect. Our DRCs also work directly with jobseekers to help them navigate disability benefits, connect them to Independent Living Centers, and refer them to DCWP financial counselors co-located in our five borough-based hub centers. Additionally, we have embedded MOPD’s NYC: ATWORK program within our downtown Brooklyn Workforce1 Career Center at 9 Bond Street, deepening the range of direct services available to New Yorkers with disabilities at that location.

Looking ahead, SBS is pleased to share that in partnership with MOPD, NYC Talent, and NYC Opportunity, the City announced awards for an innovative co-design pilot program on April 1st, 2026. This initiative invests \$7.5 million over four years to support providers in designing and implementing accessible workforce programs, with people with disabilities at the table as collaborators in program design and not just recipients of services.

SBS has been proud to contribute contract and program management support to this effort. Decisions about vendor selection, training models, and program direction are informed by NYC Opportunity as the funder, NYC Talent as the citywide coordinating entity on workforce development, and MOPD as the citywide subject matter expert on disability. Together, we expect this initiative to generate meaningful learnings for the field over the next four years.

We thank the Council for the opportunity to testify today and welcome the Committee's questions.

Testimony of A Better Balance

Submitted by:

**Moriah Engelberg, Organizer for Campaign to Improve Disability Benefits in New York
Jesse Workman, Senior Staff Attorney**

**Submitted to the New York City Council
Committee on Disabilities**

May 5, 2026

Re: Equal Economic Opportunity for New Yorkers with Disabilities

Dear Chair Hanif and Committee Members:

We thank you for convening this hearing, and for the opportunity to provide testimony on this critical issue.

A Better Balance is a national legal services and advocacy organization, headquartered in New York City, that uses the power of the law to advance justice for workers so they can care for themselves and their loved ones without jeopardizing their economic security. A Better Balance engages in national policy advocacy to advance comprehensive paid leave laws in states across the country. In addition to our policy advocacy, we run a free and legal confidential legal helpline, through which we have heard from thousands of New Yorkers, disproportionately low-wage workers of color, seeking information and assistance enforcing their rights under paid family leave, paid prenatal leave, and New York’s paid medical leave program, known as Temporary Disability Insurance (TDI).

Through this testimony, we wish to bring the Committee’s attention to the dire need for reform of New York State’s medical leave program known as temporary disability insurance, and the impact on workers across New York City, particularly harmful for workers with disabilities, low wage workers, and workers who need time off work to ensure healthy pregnancy outcomes.

We urge the Council to recognize the importance of modernizing New York’s paid medical leave program by calling on state legislators to prioritize TDI reform this session, by passing State Senate Bill 172, State Assembly Bill 9571, and urging the Governor to bring much needed relief to the many workers across the state who will experience the need for medical leave.

I. Urgently Needed TDI Reform

New York is one of 15 states (including D.C.) that provide family and medical leave benefits for its workers. Unlike in most of these states, in New York, TDI and PFL are distinct programs with different eligibility requirements, benefit levels, and protections. New York’s PFL program—enacted in 2016 as

the fourth in the country—provides up to twelve weeks of job-protected leave to bond with a new child or care for a seriously ill family member, with benefits covering up to 67% of a worker’s average weekly wage, currently capped at \$1,228.53 per week (67% of the state average weekly wage). PFL is fully funded through employee payroll deductions (employers do not contribute) and includes job protection, intermittent leave, anti-retaliation provisions, and health insurance continuation protections.¹

In contrast, TDI, which provides workers with benefits when they have a serious health condition, has not been updated in more than thirty-five years. TDI was enacted in 1949, and is a lifeline for pregnant, birthing, and post-partum workers. The maximum benefit has remained unchanged since 1989, **capping benefits for a worker’s own serious illness at just \$170 per week**. The cap on benefits under New York’s paid family leave program is nearly seven times higher. The temporary disability insurance program is not a viable option for most low- and middle-income workers in New York, particularly for workers in jobs that lack additional benefits.²

The lack of a reliable paid medical leave program in New York has serious consequences for all New Yorkers,³ requiring workers to make an impossible choice between their health and the economic security of themselves and their families.

In recognition of the need for TDI reform, this Council passed Resolution 0867-2025, which calls on the State Assembly to pass Assembly Bill 84 (now Assembly Bill 9571 due to the change in lead sponsorship to Harry Bronson, Chair of the Assembly’s Labor Committee), a bill that if passed would modernize New York’s outdated medical leave program (TDI) by creating parity between TDI and PFL.

II. S.172/A.9571 – Modernizing New York’s medical leave program

Though Resolution 0867-2025 highlights the need for workers who have experienced stillbirth, the need for TDI reform is vital for any worker facing a serious illness including pregnancy-related needs, pregnancy loss, a cancer diagnosis, sudden accident or injury, surgery, substance use issues, mental health crisis, and more. The need to take time off work to take care of oneself during a health crisis can happen to any worker, and all New Yorkers deserve job protection, continued health insurance, and financial security in the times when they need stability the most.

Key changes needed to the TDI program include raising the benefit level in TDI to 67% of a worker’s average weekly wage (consistent with PFL) over a 5-year phase-in period, adding job security, and guaranteeing continuation of workers’ health insurance—all of which, taken together, would allow workers *meaningful* access to time off work to address serious health issues while maintaining economic stability and remaining connected to the workforce.

¹ See Jesse Workman, *Beyond Prenatal Leave: New York’s Unjust Medical Leave System*, August 25th edition of the New York Law Journal, <https://www.law.com/newyorklawjournal/2025/08/25/beyond-prenatal-leave-nys-unjust-medical-leave-system/?slreturn=20250919132640>.

² *Id.*

³ MEGHAN RACKLIN & MOLLY WESTON WILLIAMSON, WITH CONTRIBUTION FROM OTHERS, *THE TIME IS NOW: BUILDING THE PAID FAMILY AND MEDICAL LEAVE NEW YORKERS NEED* (2023, updated 2025), <https://www.abetterbalance.org/the-time-is-now>.

III. Workers with disabilities need reliable job-protected medical leave

Approximately 1 in 5 New Yorkers has a disability.⁴ Without a modern paid medical leave program, millions of New Yorkers with a disability face systemic disadvantages that lead them to be disproportionately represented in lower-wage work and unable to take poorly-paid time off work to manage their disability-related needs.

People with disabilities and those who care for them often need leave from work to manage disability-related health needs. People with disabilities need and deserve a paid medical leave program that works for them, allowing workers with disabilities to maintain employment and ensuring that people with disabilities and their families can maintain their economic security. Without a meaningful benefit and key employment protections for one's own serious health needs, and without the ability to take intermittent leave related to one's disability, New York's program falls short.

Due to persistent structural inequity, people with disabilities are disproportionately lower-income, and families with members with a disability are disproportionately likely to experience financial difficulties.⁵ Nearly half of families with a member with a disability live in or near poverty.⁶ This makes a livable paid leave benefit for one's own serious health condition especially crucial for workers with disabilities.

Many New Yorkers living with disabilities also have regular medical appointments or procedures, and they should be able to take intermittent (or non-continuous) leave that reflects their care needs. At the same time, the lack of employment protections for leave due to one's own serious health needs is a major barrier to employment for people with disabilities. People with disabilities are disproportionately likely to be unemployed, and people of color with disabilities are significantly more likely to be unemployed than their white counterparts.⁷ This is despite the fact that people with disabilities generally want to and are able to work—many workers with disabilities express deep commitment to their jobs, but need support to be able to stay attached to the workforce.⁸ To ensure that people with disabilities can stay attached to the workforce, maintaining their economic security while caring for their own health needs, it is crucial that New

⁴ New York State Dep't of Health, Disability in New York State (last visited March 14, 2022), <https://www.health.ny.gov/community/disability/prevalence.htm>.

⁵ See Kali Grant et al., Georgetown L. Ctr. on Poverty & Inequality and The Arc, Security & Stability: Paid Family and Medical Leave and Its Importance to People with Disabilities and Their Families 8-9 (2017), http://www.thearc.org/wp-content/uploads/forchapters/Georgetown_PFML-report_Dec17.pdf.

⁶ *Id.* at 10.

⁷ *Id.* at 7-8.

⁸ *Id.* at 8; Suma Setty et al., The Arc and Nat'l Ctr. for Children in Poverty, Disability Perspectives on Paid Leave 19-20 (2019), https://drive.google.com/file/d/1ytwaSqgtWcjOmZz_8x789aXqLTYcrdrs/view.

York raise the benefit level for one's own serious health conditions, add job protection and ensure that workers who take that leave have employment protections against retaliation and interference.

Impacted workers experience the urgent need for reform

This outdated program has real implications for workers across the state. A Better Balance has a free and confidential legal helpline. We receive many calls from workers in New York who are shocked to discover New York's paid medical leave program offers a maximum of \$170 a week, without job protection, the ability to take that leave intermittently, or health insurance continuation.

Just last week, Lynn, a customer service manager in New York City called our helpline after she received a cancer diagnosis. Her doctor advised remote work accommodations because she is immunocompromised and experiencing other symptoms while undergoing chemotherapy.

Her employer denied her request to work remotely, but offered that she could work a part-time schedule to attend to her medical needs. However, this arrangement—aside from not fully addressing her medical needs—would require her to take off multiple days per week without pay. Because NY Temporary Disability Insurance (TDI) benefits cannot be used intermittently, she would be unable to use TDI to recoup any of her lost income.

Alternatively, she could request a continuous period of medical leave from her job so as to safeguard her health while she is undergoing treatment and receive TDI benefits during that time. But the benefit amount (\$170 per week) is so low that it would make more financial sense for her to accept the part-time work schedule her employer offered than to apply for TDI, even at the risk of further compromising her health. In addition, Lynn is extremely concerned to make sure she retains her job and health insurance, neither of which TDI guarantees. Lynn told us, "I wish I had more protection and higher stipends through TDI. I am in a position where I have to fight through symptoms to get to work and put myself more at risk in terms of infection. If TDI law protected my insurance and my job I would be able to take a leave."

Conclusion

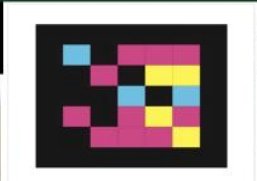
We urge the City Council to call on our State leaders to modernize New York's medical leave program and bring relief to the many New Yorkers in need of reliable paid medical leave by passing S.172/A.9571. New Yorkers cannot wait another year.



THE FUTURE OF ACCESSIBILITY RIDES WITH US



**CHRISTOPHER D GREIF
PRESIDENT
ADA ACCESSIBILITY
TRANSPORTATION**



Testimony



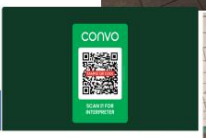
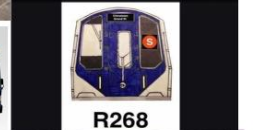
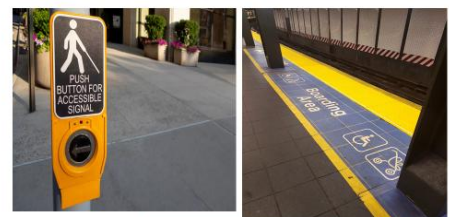
Reduce fare Vans and buses Are old Breaking down

We Need New Reduce fare OMNY Vehicles Vans and buses And make than Fully Accessibility

WE NEED THIS FUNDING FOR THIS VERY IMPORTANT SERVICE



The Future Accessibility rides with us

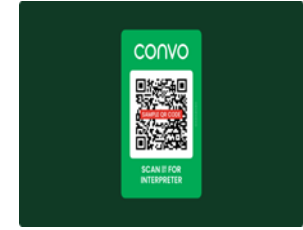


The MTA dedicated this elevator in memory of Edith Prentiss (1952-2021) On July 29, 2021 Edith's unwavering commitment to transit accessibility inspired us all to build a better system, in Washington Heights and across New York State. The MTA honors her legacy through our on-going work toward systemwide accessibility.



- Update Reduce fare OMNY Vehicles Vans and buses
- Update Train stations To be fully Accessibility
- Update subway signs to be fully Accessibility
- Update OMNY Vending Machine in LIRR /Metro north stations
- Update OMNY transfer machines transfer subway to subway subway to bus bus to subway
- Update Boarding assistant help point on the railroads alert train crew Accessibility Assistance

Update Nava lens & Convo located All MTA Trains Stations & Buses Been help out every Seniors and Disability



If you're Deaf or hard of hearing, we're piloting a new technology solution so you can get the right information on the go. [Convo](#) is a mobile app that connects you to a live ASL interpreter right on your device, so you can chat with an MTA employee about service changes, payment, or anything else about your trip. Convo is free to use and as easy as scanning a QR code.

We're expanding the locations where you where you can use Convo. At all 30 [Customer Service Centers](#) in subway stations, our Customer Service Center in Lower Manhattan, [mobile sales vehicles](#), and certain LIRR and Metro-North stations, you'll see a green QR code you can scan to use Convo. As well, at our LIRR and Metro-North Stations, our Station Ambassadors will wear lanyards with the same QR codes, where you can converse anywhere in the station.

<https://www.mta.info/accessibility/innovations/convo>

NaviLens

The brightly-colored NaviLens codes are dynamic: they don't need to be in focus or even fully in a phone camera's frame to be detected.

NaviLens also translates into the language your phone is in so that you can access MTA signage and information in the most accessible way for you

<https://www.mta.info/accessibility/innovations/navilens>



WE NEED THIS FUNDING FOR THIS VERY IMPORTANT SERVICE

Draft Testimony: 5/5 Committee on Disabilities Testimony - Oversight hearing on Equal Opportunity for New Yorkers with Disabilities

10:00 AM - 250 Broadway - 8th Floor - Hearing Room 1

Chair Hanif and Members of the Committee on Disabilities,

Thank you for your time today to hold this important hearing. My name is Gregory Meves and I am the New York Director of Bridges from School to Work, a national nonprofit. We work with more than 85 schools around the city, both in a classroom setting and through one-on-one sessions to develop the work readiness of young adults with disabilities and match their interests and abilities to the needs of employers to help them gain competitive, integrated employment.

Since Bridges launched in New York City in 2019, the team has provided our job placement services to 750 young adults and connected 618 of them, 82%, to quality jobs while supporting them with that transition. All Bridges participants who seek our help have one or more disabilities. Most Bridges participants are diagnosed with a specific learning disability; autism spectrum disorder; speech or language impairment; or intellectual disability. We serve young adults between 14 and 24, but most come to us between 17 and 19. Demographically speaking, over 90% of our participants are youth of color and most are from low-income communities, though we don't track specific income data. We call on the City Council to support programs like Bridges to ensure we can expand our services to reach more schools and students throughout NYC and to help our participants learn career readiness skills and find a job to start their journey to financial independence.

We continue to support our participants after they get hired, for one year post job placement, to ensure they have the tools and support they need to succeed in their job. The real impact of Bridges extends far beyond just landing a job. We help our young adults keep the job and progress along their career pathway. Bridges also instills character, builds confidence, and steers young adults toward a future filled with possibilities. Our participants are often looking for their first or second job and tend to work across a variety of entry level industries, such as retail, food service, entertainment venues, childcare and camps, shipping, and more.

Additionally, Bridges operates a Pre-Employment Transition Services, or Pre-ETS, program in 28 schools around the city. With collaboration and coordination from our school partners, we push into classroom settings to conduct group sessions using work readiness curriculum we have developed. Each session is designed in partnership with the school, and is a mixture of slides, individual and group activities, and knowledge checks, to teach the material while maintaining engagement. These workshops typically have between 5 and 15 students participating, with ages between 14 and 21, and all have IEPs, 504 Plans, or any type of documented disability.

Our program's success has led to increased demand as more people become aware of our services, resulting in waiting lists for both of our program. Support from the city council for Bridges and other

programs like ours, is crucial in improving New York's ecosystem of support and will continue to provide more options for people with disabilities across the city. Thank you.



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BCID'S Testimony for the New York City Council Committee on Disability Hearing May 5th, 2026

Good Morning,

My name is Evan Yankey and I am the Advocacy Director at Brooklyn Center for Independence of the Disabled, an Independent Living Center supporting people with disabilities in Brooklyn and beyond.

People with disabilities face tremendous barriers to equal economic opportunity, including, foremost, discrimination—which is typically cited as most impactful in surveys—and transportation accessibility. Today though I want to talk about one particular barrier. As you may be aware, 19 disability and labor groups have joined us to write and advocate in opposition to Intro. 303 - a bill penalizing people with disabilities for receiving 24-hour “live-in” homecare.

This bill, if passed, will penalize people with disabilities and care providers for providing care that is assigned to them by managed long term care plans. People with disabilities in consumer directed care will be fined \$500 a day. Homecare workers will lose jobs as homecare agencies pull out of work rather than face fines.

The supporters of this bill claim that homecare agencies will be able to switch 24-hour “live-in” shifts to 12-hour “split” shifts, but this is not true. It is unbelievable to anyone who has advocated for a fairer, more progressive Medicaid system and it should be unbelievable to city councilmembers. We suspect many elected officials know better, but are wary of crossing mobilized groups who don't.

I am holding up a Medicaid Authorization. This is the form that assigns a person with a disability 24-hour “live-in” care, through no choice of their own. The authorization is typically given by a Managed Long Term Care Plan, and determines the type of care you get. You cannot change it on your own. Homecare agencies cannot change it. Only an individual can appeal it, but it is a long process with hundreds of steps; it takes an extremely long time to go through this punishing process, and appeals often fail. Intro. 303 would start fining people for having a “live-in” care authorization 90 days after the bills passes, \$500 a day. Rather than face fines, people will go without care; the homecare industry will collapse; workers will lose jobs.

The supporters of this bill like to talk about how much they care about workers. Many of the homecare workers on 24-hour shifts are family members, neighbors, friends, people with disabilities themselves; as thousands of people with disabilities lose care, these workers will lose jobs. Family members who are paid homecare workers will likely continue providing 24-hour care, but will not be paid for it. There could not be a more urgent threat to economic opportunity than this bill.

We appreciate that this committee exists for people with disabilities and we appreciate the work you all have done to make this happen. We especially appreciate the members of this committee who have truly listened to disability advocates about Intro 303. We urge you today to speak up and help us stop this threat before it hurts us all.

Thank you for the opportunity to speak.



Op-Ed |

‘No More 24’ puts New Yorkers like me at risk

By Julia Yopez-Macbeth Posted on [April 24, 2026](#)

I have lived many lives in my 78 years. I was born in Puerto Rico and came to New York City from the Dominican Republic with my mother in 1960, chasing opportunity like so many immigrants before me. I studied molecular biology, lived out West working as a ski instructor, drove trucks, taught piano, waited tables, and eventually found my way back home—to the city I have always considered mine. For the past 41 years, I’ve lived in the same apartment in Flatbush, creating a life rooted in community, public service, and independence.

That independence nearly vanished after a head-on crash in the Brooklyn Battery Tunnel in 1984. The injuries I sustained changed everything. Over time, I went from walking with a cane to losing the ability to stand or walk at all. I lost not just my mobility, but my sense of autonomy. At my lowest point, I felt like I had become someone else’s property, no longer in control of my own life.

What brought me back was access to consistent, reliable home care.

Since 2011, I have had 24-hour care. I use a CPAP machine at night and cannot assemble or remove it on my own. Without someone there, I would not be safe. That is not an exaggeration—it is a fact.

I would not be alive today without the support of home care aides. That is why I am deeply alarmed by Intro 303, the New York City Council bill known as “No More 24.” While its name suggests compassion, the reality is far more dangerous. This bill would eliminate 24-hour

shifts without putting anything workable in their place. For people like me—New Yorkers with significant disabilities—it creates a gap in care that could have life-or-death consequences.

Supporters of the bill often claim that agencies can simply switch to split shifts. That is not true. Agencies cannot legally make that change unless insurance plans authorize it. Right now, they do not. Intro 303 does nothing to address this fundamental barrier. It offers no mechanism to ensure that people who need continuous care will actually receive it under a different structure.

In other words, it takes away something that works for many of us and replaces it with nothing.

There is also a misunderstanding about what 24-hour care looks like in practice. My aide does not work nonstop for 24 hours. She follows a schedule similar to mine, resting in a separate bedroom during the evening. In reality, she typically works no more than 12 consecutive hours. This arrangement allows me to remain safe overnight while also giving my aide time to rest. It is not perfect, but it is functional—and, most importantly, it keeps me in my home and out of an institution.

Because make no mistake: without reliable, continuous care, institutionalization becomes the only alternative for many of us.

I have fought hard to remain part of the community. I serve on the board of Disabled in Action. I have worked with the New York City Board of Elections since 1985, helping coordinate polling sites and ensuring that our democracy functions. None of this would be possible without the support I receive at home.

Twenty-four-hour care is not about convenience. It is about dignity. It is what allows me to live, not just exist.

It is also deeply frustrating that the voices of people most affected by this bill have been sidelined. Disability rights advocates have repeatedly asked to work with City Council members and labor advocates to find a solution that protects both caregivers and care recipients. That collaboration has not happened in any meaningful way.

It should.

Caregivers deserve fair working conditions and respect. On that, we all agree. But policies that ignore the realities of people with significant disabilities do not advance justice—they create new harm. We can and must find a solution that ensures fair pay and humane schedules for workers while preserving continuous, life-sustaining care for those who need it.

Intro 303 is not that solution.

New York prides itself on being a city where everyone belongs. But belonging requires more than words—it requires policies that allow people to live safely in their own homes, in their own communities.

For me, and for many others, 24-hour care is the difference between living and merely surviving.

If this bill passes as written, that difference could disappear.

Julia Yopez-Macbeth is board member of Disabled in Action.

MYTHS & FACTS
about Intro 303

Myth: 24-hour shifts are only a New York City problem.

Fact: There are approximately 5,000 individuals outside of New York City receiving Medicaid home care in 24-hour, or “sleep-in” shifts. Any policy change impacting Medicaid home care must be a statewide solution or NY risks losing Federal Medicaid matching funds totaling over \$6 billion.

Myth: If Intro 303 passes, people who currently receive home care in 24-hour shifts will receive home care in split shifts instead.

Fact: Medicaid providers cannot provide care that has not been authorized by a Medicaid managed care plan or a Local Department of Social Services. Outlawing 24-hour shifts without changing state law will force home care agencies to make an impossible choice between violating city law and committing Medicaid fraud. Further, Medicaid managed care plans and Local Department of Social Services cannot just increase hours unless the individual meets the higher standard for continuous care.

Myth: Many home care agencies in New York City have already changed their 24-hour shifts to split shifts.

Fact: Home care agencies do not have the power to change Medicaid authorizations. There have been some positive reports about agencies helping consumers to advocate with their plans to change authorizations to split shift. However, there are also reports of agencies simply dropping their 24-hour cases. Ultimately, only some individuals receiving “sleep-in” services currently qualify for continuous care.

Myth: Aides cannot be paid for all 24 hours of a shift even if they don't get sleep and meal breaks.

Fact: The NY Court of Appeals ruled in 2020 that workers who do not get their full sleep and meal breaks must be paid for all of that time. The State Department of Labor has failed to meaningfully enforce these rules. Rather than passing Intro 303 which would immediately destabilize home care services for high-needs individuals, the City Council should pass a bill that would penalize agencies that retaliate against home health aides for refusing 24-hour shifts, or that impede reporting of all hours worked or retaliate against a home health aide for reporting all hours worked.

Myth: Consumers will not be fined under 303. Intro 303 only imposes fines on home care agencies who violate the rule.

Fact: Intro 303 applies to Medicaid recipients enrolled in CDPAP. Intro 303 imposes fines on CDPAP enrollees when their aide works over the hour limits.

Myth: Intro 303 does not apply to family members who are aides.

Fact: There is no exception for family members. For example, a mother who is an aide to a disabled adult child cannot work above the hour limits. If she does, she either will not be paid for that work, or if she tries to get paid, her disabled adult child will be fined. This is also true of brothers, sisters, grandparents, adult children, and other family providing care.

Myth: Opponents of Intro 303 don't care about workers.

Fact: The Disability groups and legal services organizations who oppose Intro 303 do not oppose eliminating "sleep-in" services in most circumstances. The legal services organizations have a long history of representing workers in wage theft cases and representing consumers trying to increase their home care authorizations from "sleep-in" to split shift. Disability groups and disabled individuals using "sleep-in" services routinely advocate for better working conditions for their workers.

Member, New York City Council

April 13, 2026

Via email

Dear Council Member:

We represent disabled and older New Yorkers who have been shut out of the debate over Intro. 303, a bill that would put our community at risk and ultimately may harm workers. We describe this potential harm from Intro. 303 in our March 31, 2026, letter from disability, worker, and legal aid groups (attached).

We oppose this bill, and we urge you to oppose it and withdraw your support for it if you are a sponsor. We also urge you to communicate your opposition to the bill to Speaker Menin.

No matter what, we urge you to ask Speaker Menin for an additional public hearing on this bill, since our groups have not had the chance to tell the Council why moving forward with Intro. 303 would be a tragic mistake. Our groups were not invited to the Council's February 18, 2026, hearing and our point of view has been lost in the debate. You deserve to hear another side of the story, and we deserve the chance to comment on this bill in a public forum at the Council, before you vote on this devastating legislation.

At least 14,000 people could lose the 24-hour coverage they depend on to keep out of institutions. Home care workers, including family members who care for their children, siblings or parents, could also lose significant income under Intro. 303.

We ask in part because the City Council does not have the authority to change how Medicaid is administered. State Medicaid rules determine 24-hour "live-in" care, not the City. Moving from "live-in" shifts to "split-shifts" (two 12-hour shifts) requires a higher level of care authorization and an estimated **\$460 million in State funding** that does not currently exist.

If providers comply with City law but lack State authorization for split-shifts, they cannot bill Medicaid without committing **fraud**. Providers face a "lose-lose" scenario: millions in City fines for providing authorized 24-hour care, or millions in State fines and contract loss for failing to provide it.

The anecdotal information that Council Member Marte is reportedly asserting, that homecare providers are already transitioning away from 24-hour shift, is at odds with the way Medicaid regulation works in New York State. Any change without State approval risks Medicaid fraud charges, and in any case would cost home care agencies significantly more money to provide, without any increase in payment from Medicaid. That said, if the Council Member believes this is happening, that information should be made public. It would be frustrating to us that Council Members would be supporting any bill that risks care and jobs based on anecdotal information that can't be verified publicly.

We support ending the exploitation of workers, but disagree with the bill's proponents about the ultimate source of the exploitation. We continue to hope they will join us and other labor and legal aid groups in supporting a change at the State level. An analysis that locates this problem in the decisions of homecare providers lets private-equity funded Managed Long Term Care providers off the hook, and absolves the State of its own responsibility for this exploitation.

Thank you again for your time and we look forward to working together in the future.

Yours truly,

Joseph G. Rappaport
Executive Director
Brooklyn Center for Independence of
the Disabled (BCID)

Lindsay Miller and Jose Hernandez
Executive Director and Advocacy &
Policy Associate
New York Association on Independent
Living (NYAIL)

Letter from disability groups re Intro. 303, April 13, 2026

Brett Eisenberg
Executive Director
Bronx Independent Living Services
(BILS)

Jean Ryan
President
Disabled In Action of Metropolitan NY
(DIA)

Bruce Darling
CEO
Center for Disability Rights of New
York State

Gina Barbara
Facilitator
Downstate New York ADAPT

Arthur Schwartz
General Counsel
Center for Independence of the
Disabled, New York (CIDNY)

Regina Estela
President and CEO
Independence Care System

Marcus Johnson and Sharifa Abu
Hamda
Co-leaders
Civics League for Disability Rights

Yaw Appiadu and Julia Linder
Executive Director and Systems
Advocate & Community Engagement
Coordinator
Harlem Independent Living Center
(HILC)

Charles Diggins, John Gregoire,
Jennifer Bailey
Officers
Deaf and Hard of Hearing Community
only

Clement So
Executive Director
Metropolitan Asian Deaf Association

Nieta M. Greene
CEO and Founder
Disability Community for Democracy,
Inc.

Marc Safman
Cofounder
New York DeafBlind Advocates

Julia Solow
Lead NYS Organizer
NY Caring Majority

Letter from disability groups re Intro. 303, April 13, 2026

Evelyn Castillo
President
Rainbow Connection Alliance, Inc.

Jerry Allen Carnegie
Executive Director
Staten Island Center for Independent
Living

Ashley Gazes
Founder/President
Special Advocacy Coalition

Stephen Lieberman
Director, Advocacy and Policy
United Spinal Association

Please respond to the organization that sent this letter to you and/or to:

Jose Hernandez, New York Association on Independent Living,
Jhernandez@ilny.org

Joseph G. Rappaport, Brooklyn Center for Independence of the Disabled,
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In Support of Equal Economic Opportunity for People with Disabilities

May 5, 2026

To the Committee on Disability:

My name is Molly Senack, and I am testifying today on behalf of the Center for Independence of the Disabled, New York (CIDNY) as their Education and Employment Community Organizer. This testimony is supported by Sharon McLennon Wier, Ph.D., MEd., CRC, LMHC, Executive Director of CIDNY.

In 2024, according to the Bureau of Labor Statistics (BLS), only 37.4% of disabled people between the ages of 16 and 64 were employed in the United States. According to the same report, employees with a disability were almost twice as likely to work only part time as people without a disability (31% vs 17%), and less likely to work in traditionally higher paid managerial or professional positions than people without disabilities (37.9% compared to 44.1% respectively). The American Community Survey (ACS) reported that even when people with disabilities did work fulltime, their median salary was more than \$9,000 lower than the median salary of people without disabilities (\$48,937 vs \$58,113); and among working-age people between the ages of 16 and 64, poverty was more than twice as prevalent in the disabled community as in the non-disabled community (24.2% vs 9.9%). People with disabilities seeking gainful employment face gaps in hiring, advancement, and wage parity.

In April of 2026, CIDNY hosted a two-part event exploring these gaps, and the barriers faced by the disability community in New York City. Part I of the event was a virtual forum where members of the disability community discussed the obstacles they encounter in all different areas of their lives (employment, transportation, housing, education, healthcare, etc.) and the improvements they would like to see. The takeaways from those discussions were highlighted in Part II of the event, which nearly 400 people attended both virtually and in-person (recording [available here](#)). Regarding employment, the most common barriers community members reported facing were:

- **Structural issues with employment programs** (NYC: ATWORK, 55-a, etc.), including overly complex application processes, inconsistent follow-through from case managers, long wait times for responses, and an overall lack of results.
- **Lack of counseling on navigating “The Benefits Trap,”** where taking a job can mean losing benefits (Supplemental Security Income/Social Security Disability Insurance/Medicaid/Medicare, etc.) that are worth more than the income the job provides.

- **Continued stigmatization** of having a disability in the workforce, with community members citing a lack of flexible roles, jobs being withheld when accommodations were requested, and the continued existence of the subminimum wage.

To address these barriers, the community recommended several systemic improvements they would like to see made, including:

- **The integration of mandatory benefits counseling and retirement planning** into all employment programs before and during job placement.
- **Funding to sufficiently staff employment programs** to ensure a streamlined intake process and consistent follow-through.
- **Work with the NYC Council to address systemic barriers**, including supporting the elimination of the subminimum wage in NYS and passing legislation to make workplace accommodations more accessible.

A full report on these conversations will be released in the coming weeks. This event highlighted the importance of having an office whose primary purpose is to address the multitude of interconnected barriers specifically impacting the disability community's access to gainful employment, and of ensuring that office is adequately equipped to do so. However, the City office designed to serve this function- the Mayor's Office for People with Disabilities (MOPD)- currently receives less than \$1 million in City funding. That is not sufficient funding to thoroughly assess barriers to participation in the economic landscape, let alone develop and implement initiatives to address them.

To this end, in order to help implement the above recommendations, CIDNY asks for a baselined investment of \$10 million for MOPD in the FY27 Budget. An investment of this size only sounds large when it is compared to current inadequate funding levels, not when compared to the size of the population MOPD is supposed to serve. The Department of Veterans' Services for instance, serves 140,000 people with an overall budget of \$5 million. MOPD is expected to serve 2 million people for under \$1 million. MOPD needs sufficient funding for staffing, for outreach, and for implementing critical initiatives across the City. As it stands, MOPD currently refers much of its work out to nonprofit service providers. It is also vital that MOPD have RFP capabilities, in order to help nonprofits fund that work.

We also ask the Council to consider the role that intersectionality plays in establishing equitable economic opportunity. In 2024, the NYC Council released a report that reflects the compounding effects the intersection of racial and gender bias have on wage parity. Disability, however, was not included in this report. In NYC, 12.4% of people who identify as female have a disability (compared to 10.1% of people who identify as male), and of the almost 986,000 New Yorkers who report having a disability using the current metrics (making that number, which amounts to about 11% of the population, most likely an undercount- the Centers for Disease Control and Prevention estimates that approximately 29% of the population has a disability), 69% are people of color.

The impact of this intersectionality- on pay disparity, on occupational segregation, and on employment- remains largely unstudied, and, by extension, unaddressed. The BLS provides statistics on employment as it relates to disability status, gender, and race, but it does not provide statistics on the intersection of all three. But this is critical when examining the nature of equitable access to economic opportunity, because people with disabilities can experience disproportionate difficulty obtaining and retaining well-paying jobs, partly for the same reasons that people of color, women, and especially women of color do: many of the practices involved in applying, hiring, and training for jobs and subsequent promotions are implicitly discriminatory.

Meanwhile, the use of artificial intelligence has already begun to exacerbate the impact of this systemic bias. The [University of Washington](#), the [United Nations](#), the [National Academy of Social Insurance](#), the [International Labour Organization](#), the [Human Rights Law Review](#), and [several other research groups](#) have all reported that AI usage in employment processes poses a significant threat to the disabled community by inadvertently filtering out job applications that mention disability or anything disability related. In many cases, employers do not know that the software they are using might default to filtering out applicants, and because they are unaware, are denied the opportunity to address the systemic bias they might unknowingly be upholding.

Additionally, although they are legally entitled, there is still stigma surrounding workplace accommodations, and intersectional bias might play a role in that too. Employees who request accommodations can be met with discouragement and even hostility in the workplace, often leaving those employees with the difficult decision of either struggling to work without necessary resources and supports or enduring further marginalization by soliciting them. Both choices can lead to employees being overlooked for promotions, or to them leaving their jobs entirely.

It is critical to recognize that disability bias compounds the impact of discriminatory practices, and not only widens the gap in wage parity, but in hiring and overall advancement. **We therefore ask the City conduct a report, that includes disability status, on the impact of intersectional bias on employment and wage parity.**

We thank the Council for their time and effort, and for their continued investment in ensuring access to gainful employment for the disability community.

Sincerely,

Molly Senack (She/Her)
Education and Employment Community Organizer
Center for Independence of the Disabled, New York
Email: msenack@cidny.org Phone: (917)415-3154

Julia Yepez-Macbeth
Flatbush, Brooklyn, New York
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May 8, 2026

Council Member Shahana K. Hanif
Chair of New York City Council Committee On Disabilities

Sent Online at <https://council.nyc.gov/testify/>

Re: T2026-1646 Oversight - Equal Economic Opportunity
for New Yorkers With Disabilities – This Hearing Was Held
On Tuesday, May 5, 2026

Dear Chair Hanif,

In 1984, I was hit head-on by a drunk driver inside the old Battery Tunnel. The injuries I sustained that night became permanent. After a few years of walking with a cane and/or walker, I eventually had to transition to a wheelchair, as I lost the ability to walk or stand. Now, I am in a permanent seated position and unable to stretch my legs.

SLEEP-IN SCHEDULE CARETAKER

I have followed a Sleep-in schedule for several years, which has brought stability, improved my home life, and restored a sense of autonomy. This routine enables me to take part actively in community events and political engagement. It also allows me to work part-time, during seasonal Elections, for the Board of Elections as an Affidavit Inspector, helping voters with the voting process and paperwork. The Sleep-in schedule provides essential support from a Caretaker who helps with the nightly setup and positioning of my C-PAP machine, as well as dressing, bathing, medication, shopping, and laundry. Since I cannot walk or stand, my aide is indispensable.

All Aides I hire for the Sleep-in/24-hour schedule understand in advance that the role requires 24 hours of presence, but they get paid for 13 hours of work. They are aware of their work and rest periods and must agree to the terms of the CDPAS program before being hired. This arrangement gives me stability and peace of mind, as both parties understand its demands. It allows me to support my autonomy, creativity, care for my health, and stay connected to my community.

The Sleep-in schedule empowers me to keep my independence in my daily life. With my Caretaker's support, I can make independent choices and take part in activities that matter to me. This structure encourages creativity, giving me the freedom to explore new ideas and interests both at home and in the community. A consistent routine helps me manage my health, as well

as ensures that my medical needs such as nightly setup & use of my C-PAP machine are met. This support is crucial, since my physical challenges are an inability to walk or stand.

Finally, the consistency of the Sleep-in schedule means I am not disrupted by changes in caretakers. Instead, I benefit from the continuity of having one caretaker present for a set number of days at a time. I currently have two Caretakers; one Caretaker has a three-day shift, and the other Caretaker has a four-day shift. This arrangement ensures consistent support, minimizes interruptions, and helps me keep a comfortable routine. Thank you for this opportunity to submit comments.

Very truly yours,

Julia Yopez-Macbeth
Board Member of Disabled In Action
Of Metropolitan New York, Inc. (DIA)

Kathleen Collins
Kips Bay
New York, New York 10010
Cell phone & Text number [REDACTED]
Email address: kclawprof1@gmail.com

May 8, 2026

Council Member Shahana K. Hanif
Chair of New York City Council Committee On Disabilities

Sent Online at <https://council.nyc.gov/testify/>
Emailed to: testimony@council.nyc.gov

Re: T2026-1646 Oversight - Equal Economic Opportunity
for New Yorkers With Disabilities – Hearing Held On
Tuesday, May 5, 2026

Dear Chair Hanif and Members of the Committee On
Disabilities,

My name is Kathleen Collins. I am a congenital
quadruple amputee and have used a wheelchair from
birth. I am on the board of Disabled In Action of
Metropolitan New York, Inc., also known as "DIA" and a
member of Downstate New York ADAPT.

I grew up in Queens, New York in a private home and have been living in Manhattan for more than 20 years, first in a rented apartment, and then in a cooperative apartment that I own. These are my comments.

New Yorkers with disabilities are incredibly diverse, yet we continue to face systemic barriers to economic opportunity—especially in housing, employment, education, transportation, and access to City services.

Here are just a few of the many issues I urge the Council to focus on:

First, expand accessible, affordable housing and prioritize people with disabilities in housing lotteries.

Second, include Disability-Owned Business Enterprises in the Minority and Women-owned Business Enterprises program to open real economic opportunities.

Third, provide more funding to the MTA for same-day, on-demand paratransit so people can work and live independently.

Fourth, support more funding by New York State for home care, which is more cost-effective than institutional care and allows people to remain safely at home. Further, this Committee should support state-level legislation that would provide better wages and benefits for home care workers by New York State and allow more New Yorkers with disabilities to be eligible for home care

Fifth, make all City buildings, programs, and websites fully accessible; decades after federal disability laws, many are still not accessible.

Finally, increase funding for the Mayor's Office for People with Disabilities. Continued underfunding is not just a budget issue—it is invisibility.

I agree with all the testimony submitted by the many disability advocates at the hearing held on May 5, 2026, as well as the comments submitted by Downstate New York ADAPT, Marc Safman, and Julia Yopez-Macbeth; and strongly urge you to implement these many recommendations.

New York City cannot achieve economic equity without disability inclusion.

Thank you for this opportunity to submit comments.

Very truly yours,

Kathleen Collins
New York City Council District 2

Downstate New York



Downstate New York ADAPT
Website: dnyadapt.com

May 8, 2026

Council Member Shahana K. Hanif
Chair of New York City Council Committee On Disabilities

Sent Online at <https://council.nyc.gov/testify/>
Emailed to: testimony@council.nyc.gov

Re: T2026-1646 Oversight - Equal Economic Opportunity
for New Yorkers With Disabilities – Hearing Held On
Tuesday, May 5, 2026

Dear Chair Hanif and Members of the Committee On
Disabilities,

Downstate New York ADAPT is a grassroots, non-hierarchical community of people with all types of disabilities advocating for the civil rights of people with disabilities, including, but not limited to, the right to live and fully participate in the larger New York City community. These are Downstate New York ADAPT's comments.

New Yorkers with disabilities represent one of the most diverse populations in New York City, spanning all races, cultures, socioeconomic backgrounds, national origins, religions, and communities. Despite this diversity, people with disabilities continue to face systemic barriers to economic opportunity, including limited access to affordable housing, education, employment, transportation, and civic participation. Further, we continue to face systemic barriers to affordable supports to live in our home and not institutional settings such as unsafe, very expensive nursing homes where a person is told when to rise, when and what to eat, when to sleep and loses all independence and autonomy—a prison for the crime of being a New Yorker with a disability.

To bring about equal economic opportunity for New Yorkers With Disabilities, there needs to be a change in attitudes first. Peoples' attitude that accessibility is a luxury and not a civil right runs throughout New York City government, starting at the top with some, not all, members of the City Council in their words and deeds. We are shocked that our tax dollars are spent for inaccessible offices for some City Council Members, more than 50 years after Section 504 of the Rehabilitation Act and more than 35 years after the Americans With Disabilities Act were enacted. If a member of the New York City Council denied access to any other minority group, there would be a huge outcry by the other members of the Council, why does this not happen for us, the most intersectional and diverse group of New Yorkers who are voters and taxpayers?

Repeatedly, members of the City Council as well as city departments and agencies either vilify New Yorkers with disabilities, and/or completely ignore New Yorkers with disabilities or only contact New Yorkers with disabilities after contracts are made and products purchased.

Two examples of the vilification of New Yorkers with disabilities are first, the present misinformation being spread by certain City Council members and their staff that New Yorkers with disabilities are slave masters just because they need 24-hour home care and have no choice in hiring the home care workers. Significantly, New Yorkers with disabilities have for several years, and continue to, actively advocate for fair wages and benefits for home care workers with the New York State Legislature and Governor. However, New York State ignores us-but we will not give up the fight because our home care workers fight for economic dignity is our fight too!!! We, New Yorkers with disabilities, are absolutely AGAINST the exploitation of home care workers-the wonderful people who save us from institutional care!!!

Second, the hearing held by the City Council where the theme was to say that legitimate lawsuits commenced by New Yorkers with disabilities against businesses in New York City were "frivolous" was another display of ignorance and bias by the City Council. It is mind-boggling that the past City Council challenged civil rights lawsuits brought by New Yorkers with disabilities when there have never been such accusations against other minorities civil rights lawsuits.

Turning to the attitude and lack of prioritizing of access by city agencies and departments, over and over and over again New Yorkers with disabilities and organizations whose members are New Yorkers with disabilities have had to repeatedly sue city departments and agencies for bare access to services, programs, activities and facilities owned, operated, controlled and/or maintained by the city, which wastes everyone's time, energy and financial funds. It is easier, more efficient, and effective for city agencies and departments to simply comply with the laws and provide access to New Yorkers with disabilities.

Just last month, a group of New Yorkers with disabilities learned that the Economic Development Corporation (EDC) had purchased new ticketing information machines for the ferry service. After, not before, making this significant purchase EDC contacted some New Yorkers with disabilities for their feedback without any hands-on, in-person demonstrations – another example of the city's attitude and approach where access is concerned. We are an afterthought.

In sum, this attitude throughout many in the city that New Yorkers with disabilities needs are "special" or an unnecessary burden and optional must change. It is time for our city to treat us with dignity and respect and the powerful untapped resource that we are.

Recommendations:

1. Expand Accessible, Affordable Housing

Increase funding and enforcement to ensure a greater supply of accessible and affordable housing. Establish priority placement mechanisms for individuals with disabilities in housing lotteries and public housing. Make the housing lotteries easier to access online. Enact legislation that supports accessible housing for New Yorkers in all the different income levels and types of housing from private homes, multi-rental units, cooperatives, condominium, tiny homes, etc.

2. Include Disability in Minority and Women-owned Business Enterprise (M/WBE) Certification Program

Expand the Minority and Women-owned Business Enterprise Certification Program to include Disability-Owned Business Enterprises (DOBEs). Set participation goals and provide targeted support through the New York City Department of Small Business Services to help disabled entrepreneurs and professionals access contracts and capacity-building programs.

3. Increase Funding For Same-Day, On-Demand Paratransit

Increase the funding to the Metropolitan Transportation Authority to expand the same-day, on-demand E-Hail paratransit service since it provides almost true equality to those New Yorkers with disabilities who are participants because the participants can travel spontaneously just like all other New Yorkers. This on-demand E-Hail pilot program increases New Yorkers with

disabilities' ability to have greater access to educational and employment opportunities. However, as the program presently operates the participants number of rides is limited to either 25 or 40 one-way rides, and the participant must pay the first \$4 as well as the cost of the ride over the next \$60 fee. It is our understanding that this on-demand E-Hail program is more economic to operate than the present Access-A-Ride program.

4. Support State-Level Legislation that Provides More Funding By The State For Home Care Services

Since nursing home care is more expensive and less safe, it is not where any New Yorker wants to live when given a true choice between staying home or moving to a nursing home. Thus, this Committee should support state-level legislation that would provide better wages and benefits for home care workers by New York State and legislation that would allow more New Yorkers with disabilities to be eligible for home care.

5. Streamline IEP Reimbursements

Simplify and modernize the reimbursement systems related to Individualized Education Programs (IEPs), to provide for faster processing timelines and accessible, multilingual support for families.

6. Provide Funding To Make All City Buildings, Websites, Services, Programs, And Activities Accessible To New Yorkers With Disabilities

More than 50 years have passed since Section 504 the Rehabilitation Act was enacted and over 35 years since the Americans with Disabilities Act was enacted, yet many buildings in New York City that are owned, operated, maintained, controlled or managed by the City remain inaccessible to people with disabilities. Two examples are police precinct stations and public schools. Additionally, the accessibility failures at the new inaccessible Hunters Point Library in Long Island City is a high-profile example of what happens when disability inclusion is not meaningfully integrated from the start of any construction project or the developing of any service, program or activity.

Further, many City websites are inaccessible and difficult to use. It is time that all this be changed.

7. Establish and Fund A Central Accessible Helpline, With Visual and Audio Components, For Accessing Each of the Many Websites New York City Maintains, Owns, Operates and Controls

Presently, New York City maintains, owns, operates and controls many websites covering a multitude of issues facing New Yorkers every day; from health care, education and housing, to employment, transportation and civic engagement to name just a few. However, many times New Yorkers with disabilities experience difficulties when trying to access information from these websites and when trying to apply for services, programs

and activities provided through these websites. Establishing and fully funding a central accessible helpline that would give live assistance to New Yorkers trying to access the city's many websites would result in equalizing access for all New Yorkers and especially for New Yorkers with disabilities.

8. Establish and Fund A Department To Centralize and Coordinate Accessible Communication Throughout New York City

Presently, New Yorkers with disabilities experience difficulties when trying to obtain accessible communication, such as real-time captioning, ASL, large print, braille, information in audio format, alt text, and audio description. Significantly, there is no citywide coordination to ensure that basic communication supports are provided on a consistent and timely bases. This needs to change yesterday.

9. Establish and Fund A Co-Navigator or Support Service Provider Program

Currently, there is no consistent system that provides navigation support, communication facilitation, and access to public spaces and services. Thus, establishing and funding a citywide Co-Navigator program is a core infrastructure that is essential to provide access to DeafBlind New Yorkers.

10. Institute A Mentoring Program For New Yorkers With Disabilities

Start a mentoring program to help students with disabilities as well as adults with disabilities and partner them with adult New Yorkers with disabilities who have worked or are working.

11. Increase Funding for Employment Programs

Expand supported employment, workforce development, and job training programs for people with disabilities. Encourage public-private partnerships and provide incentives for inclusive hiring. Pass a resolution that supports the elimination of the paying of subminimal wages to workers with disabilities in New York State.

12. Support Disability Cultural and Civic Events

Provide sustained funding for events such as the NYC Disability Pride Parade and Disability Unite Festival, recognizing their role in promoting inclusion, visibility, and economic activity. Further, have an office such as the Mayor's Office for People With Disabilities or the Comptroller's Office establish an audit division that audits funding provided to nonprofits to ensure that these entities services, programs, activities, and facilities funded with city funds are accessible to New Yorkers with disabilities.

13. Require Accessibility in Political Campaigns

Mandate that candidates for New York City office maintain accessible websites, documents, and events, including captioning, ASL interpretation, and physical accessibility. Also, their campaign offices need to be accessible.

14. Ensure Equity in Campaign Financing

Permit candidates with disabilities running for a New York City office to use public campaign funds for accessibility-related expenses, to ensure equitable participation in the electoral process.

15. Establish a Disability Economic Equity Task Force

Create a permanent interagency task force to coordinate disability economic policy, track outcomes, and issue annual public reports with measurable benchmarks.

16. Increase Funding for the Mayor's Office for People With Disabilities

As previously stated at an earlier hearing before the Committee On Disabilities, the Mayor's Office for People With Disabilities (MOPD) is woefully underfunded. Even as the overall city budget has grown to over \$115 billion, MOPD funding has not grown, or even kept pace with increased costs and the ever-increasing disability population as New York City's population ages. This failure to increase funding for MOPD is not just underfunding, it is invisibility.

The City Council must significantly increase funding to MOPD so MOPD can truly be able to carry out its mission since a city that is safer and accessible to people with disabilities results in a better city for all New Yorkers.

Achieving equal economic opportunity for New Yorkers with disabilities requires coordinated, sustained action across housing, employment, transportation, education, and civic engagement. These recommendations provide a preliminary roadmap for advancing equity and ensuring that people with disabilities can fully participate in and contribute to the economic life of New York City. We have barely begun the discussion on all the many steps that need to be taken to make New York City a beacon of equality.

Thank you for this opportunity to submit comments.

Sincerely,

Downstate New York ADAPT

Email address: dnyadapt@gmail.com



NYC Council Committee on Disabilities
Oversight - Equal Economic Opportunity for New Yorkers with Disabilities.
May 5, 2026

On behalf of the many New Yorkers who live with or care about someone impacted by epilepsy, I want to thank Committee Chair Hanif, and the Committee members for this opportunity to testify.

The Epilepsy Foundation of Metropolitan New York (EFMNY) has been at the heart of the NYC epilepsy community for over fifty years. We are New York City's only specialized organization combining epilepsy education, awareness, and advocacy with individualized services such as counseling and vocational supports. Epilepsy is the fourth most common neurological disorder in the world. One in 10 people will have a seizure in their life. Thirty percent of adults living with epilepsy are treatment resistant, they do not achieve control with medication.

EFMNY serves residents across all five boroughs whose needs often extend beyond medical treatment alone. Many individuals and families impacted by epilepsy also experience anxiety, depression, trauma, caregiver stress, housing instability, and difficulty navigating the workforce. EFMNY stands ready to support all New Yorkers through providing holistic support to people with epilepsy, their families and their communities including through providing vocational and other assistance to increase equal economic opportunities.

Our vocational services include ACCES-VR and Supported Employment (SEMP). Our work through ACCES-VR helps individuals with epilepsy with finding employment and training. Supported Employment (SEMP) services provides supports for individuals with developmental disabilities to obtain and maintain competitive employment.

The organization has also expanded language access through multilingual clinicians staff and language line to the population we serve: Spanish, Farsi, French, Russian, Albanian, Arabic, Urdu, and more.

We look forward to collaborating with the Council to continue to strengthen and expand responsive, community-informed services for people living with epilepsy across New York City.

Thank you for the opportunity to testify.

Bessida Ouedraogo
Executive Director
The Epilepsy Foundation of Metro NY
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**New York City Council Committee on Disability
Oversight Hearing Regarding Equal Economic Opportunity
for New Yorkers with Disabilities
Testimony of Britny McKenzie, Policy Director
Fair Housing Justice Center (FHJC)
May 5, 2026**

My name is Britny McKenzie, and I am the Policy Director at the Fair Housing Justice Center. I would like to thank Chair Shahana Hanif and the Committee on Disabilities for the opportunity to submit written testimony. Without access to accessible, habitable, and safe housing, people with disabilities will be at an economic disadvantage.

- We ask the Council to increase the New York City Commission on Human Rights (CCHR) budget this year by \$10 million to address years of underfunding and give the agency the ability to meaningfully enforce fair housing laws that impact people with disabilities. This ask is in alignment with the New York Human Rights Law Working Group.¹
- The city must affirm that CCHR has a critical role in enforcing NYC's Fair Housing Laws to eliminate source of income and disability discrimination.

About the FHJC

The FHJC is a non-profit civil rights organization based in Queens, NY. The FHJC service area covers over 8 million people across the five boroughs of New York City. Our mission is to eliminate housing discrimination, promote policies that foster open, accessible, and inclusive communities, and strengthen the enforcement of fair housing laws. The FHJC primarily serves low-income individuals and communities that have experienced historic and continuing patterns of segregation, discrimination, and exclusion in housing. The FHJC's services are provided to the public free of charge and without regard to household income. Its investigations have led to over 170 successful legal challenges to discriminatory housing policies and practices by private housing providers and government agencies to bring them into compliance with fair housing laws. FHJC's work has led to a monetary recovery of over \$55 million and has opened over 81,000 housing units to people that were previously excluded.

CCHR Has a Critical Role in Enforcing NYC's Fair Housing Laws

¹ The Human Rights Law Working Group is a coalition of over 20 New York City nonprofits, grassroots organizations, think tanks, and legal services providers.

CCHR serves a civil law-enforcement role like that of the district attorney’s office in criminal matters, with both prosecutorial and punitive responsibilities. CCHR can investigate complaints, resolve cases, and refer matters to the New York City Office of Administrative Trials and Hearings (OATH). It may also assess fines, secure monetary damages, negotiate remedies such as rehiring, policy changes, training, and accessibility modifications, and mediate reasonable accommodation requests.

Unfortunately, CCHR currently operates with limited funding, which constrains its staffing and capacity and negatively affects NYC residents. Effective fair housing enforcement should foster accessible, inclusive communities, free of discrimination. While CCHR has a baseline infrastructure to support its mission, its impact depends on adequate resources. We have seen CCHR do commendable work, and its settlements have led to meaningful resolutions for victims of housing discrimination. For example, in 2024, CCHR reached a landmark \$1 million settlement with Parkchester Preservation Management and held the company responsible for an unjustified minimum income requirement that prevented voucher holders from accessing critical affordable housing opportunities.² As a result of CCHR’s work and the City’s commitment to protecting the housing rights of New Yorkers, the settlement secured 850 apartment units to be set aside for housing voucher holders, the most ever secured in a CCHR settlement.

We know from this experience that CCHR holds great promise to enforce fair housing laws; however, they are impeded by a lack of funding and staffing which has led to alarming delays. An audit by New York State Comptroller Thomas P. DiNapoli in December 2025 found that CCHR cases experience substantial waiting periods and New Yorkers experiencing housing discrimination are not receiving timely action or prompt resolution.³ Auditors found significant delays in case resolution, intake appointments, and filing complaints; the average time frame to resolve a discrimination case took nearly three years. The FHJC’s intake department has heard from NYC residents who have been turned away after attempting to work with the agency on numerous occasions due to lack of efficiency. Only by bolstering funding and staff capacity can CCHR develop policies and implement the necessary procedures to process housing discrimination complaints and help victims in a timely manner.

New Yorkers with Disabilities Face Challenges in Acquiring Affordable and Accessible Housing

Housing is a cornerstone for economic stability, and quality affordable housing can often allow families to invest in other essentials while reducing eviction and homelessness. However, for New Yorkers with disabilities, equal economic opportunity is often constrained by significant barriers in the housing market. Data from the 2023 NYC

² [Mayor Adams Announces Largest Civil Rights Settlement in City History, Protecting New Yorkers from Housing Discrimination. August 22, 2024.](#)

³ [Office of the New York State Comptroller, Thomas P. DiNapoli. “New York City Commission on Human Rights: Oversight of Housing Discrimination Complaints.” December 2025.](#)

Housing and Vacancy Survey found that more than half of New Yorkers with one or more disabilities are rent-burdened⁴, meaning a disproportionate share of their income is spent on housing. This financial struggle reveals broader inequalities in employment and income, which limit access to housing choices. Concurrently, we know that the persistence of disability discrimination further restricts housing opportunities whether the discrimination occurs during their housing search or when encountering a landlord that is unwilling to provide reasonable accommodations.

CCHR Needs Sufficient Funding to Eliminate Source of Income (SOI) discrimination

The law has prohibited SOI discrimination since 2008; but despite this, landlords continue to refuse to rent to voucher holders. SOI discrimination is CCHR's most common form of complaint with over 600 claims filed in the last fiscal year.⁵ Without the staffing needed to process claims quickly, proper enforcement of the city's fair housing laws remains impossible. The delay in processing these cases increases the likelihood that the vouchers are not utilized. This undermines the city's investment in rental assistance programs, such as CityFHEPs, HASA, and OPWDD, meaning that the city is not in fact expanding opportunities as intended for New Yorkers facing housing instability. Including people with disabilities, they are more likely to be on a fixed source of income. To realize CCHR's full potential, the city must take immediate steps to ensure it is adequately funded and staffed.

CCHR Needs Sufficient Resources Because Disability Discrimination is Rampant

New York City Human Right's Law goes beyond the requirement of state or federal civil rights law, is a bulwark for thousands of New Yorkers with disabilities who need reasonable modifications to their apartments to be able to enter their apartment building or use their bathroom. Disability discrimination is the second most common form of housing complaint—CCHR receives an average of one report per day.⁶ In FHJC's experience, it is difficult to find attorneys to help individuals with reasonable modification requests, making CCHR the ideal venue for investigating and resolving such claims. But because reasonable modification requests are so time-sensitive, CCHR and their Project Equal Access (PEA) team, which is focused on accessibility for New Yorkers, needs to be adequately staffed to process these claims quickly. Otherwise, individuals can wait months or years to have access to their apartment building's front entrance with a ramp, or use their toilet safely with the assistance of grab bars.

We reiterate the NYC Human Right Law Working Group's call to increase the budget to \$25 million. With a well-funded CCHR, we believe that the Commission can properly investigate complaints and provide meaningful relief to New Yorkers experiencing

⁴ [NYC Housing and Vacancy Survey](#)

⁵ [NYCCHR FY 2025 Annual Report](#).

⁶ [ibid.](#)

discrimination. Adequate resources and staffing will ensure that CCHR's enforcement keeps pace with the scope and complexity of housing discrimination facing New Yorkers. We need this enforcement to ensure that key city programs are not being undermined by discriminatory practices and that the promise of the NYCHRL is realized for all.


Thank you again for the opportunity to testify on this year's budget. We look forward to working with you this year to ensure that there is increased funding and staffing for this vital agency. To connect with us or for further questions regarding this testimony contact Britny Mckenzie, Policy Director at bmckenzie@fairhousingjustice.org and/or Yvette Chen, Policy Associate at ychen@fairhousingjustice.org.



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Testimony of Julia Linder, Systems Advocate at Harlem Independent Living Center Before the New York City Council Committee on Disabilities Oversight Hearing on Equal Economic Opportunity for New Yorkers with Disabilities May 5, 2026

Good afternoon Chair Hanif and members of the Committee. Thank you for the opportunity to testify.

My name is Julia Linder, and I am the Systems Advocate at the Harlem Independent Living Center, a disability-led organization founded in 1990 and based in Harlem. We support New Yorkers with disabilities, especially those from racially marginalized communities in Upper Manhattan, through peer counseling, information and referral, benefits advisement, and systems advocacy.

For New Yorkers with disabilities, economic opportunity is not only about employment, although the employment numbers are stark. According to the NYC Comptroller's 2024 report on disability and employment, only 41 percent of working-age disabled New Yorkers are employed, compared with about 81 percent of those without disabilities. Outcomes are even worse for Black and Hispanic New Yorkers with disabilities, and for people with self-care or independent living disabilities.

But we know that economic opportunity also depends on whether disabled people can leave their homes, access health care, use transportation, pursue education, work, and participate in community life.

That is why Intro 303, also known as the "No More 24 Act," is relevant to this hearing. Home care is not separate from economic opportunity. For many disabled and older New Yorkers, it is the precondition that makes opportunity possible, supporting meals, medication, transfers, hygiene, overnight safety, appointments, school, and work.

HILC recognizes the serious problems Intro 303 seeks to address, including coercive scheduling, wage theft, exhaustion, and retaliation. Home care workers deserve fair pay, safe conditions, and the right to refuse unsafe assignments. At the same time, Intro 303 as written creates serious risks

"To advocate for a fully accessible society"

for people who depend on continuous care because home care is governed by State Medicaid rules and funding. Replacing 24-hour live-in care with split shifts would therefore require State approval, more workers, and about \$460 million in funding that has not been secured.

Without those resources in place, banning the current model will interrupt essential care, leading to missed medications, unsafe transfers, hospitalization, or institutionalization. For people who depend on continuous care to live safely at home, any gap in support is a direct threat to economic opportunity.

For these reasons, the Council should not advance Intro 303. Instead, it should pursue separate measures to address coercion and wage theft while preserving continuity of care—including prohibiting retaliation against workers who decline extended shifts, requiring informed and revocable consent for 24-hour assignments, and enforcing full compensation for all hours worked.

Economic opportunity for disabled New Yorkers depends on stable systems of support. Policy should strengthen those systems, not destabilize them.

Thank you.

Julia Linder

Systems Advocate & Community Engagement Coordinator at Harlem Independent Living Center

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My name is Clement So, Executive Director of Metropolitan Asian Deaf Association. Thank you to Chairperson Shahana Hanif and all City Council members involved in this Committee on Disabilities for giving me the opportunity to give the testimony regarding the “Equal Economic Opportunity for New Yorkers with Disabilities”.

I, myself, am Deaf and an entrepreneur running a family run retail and wholesale business in the heart of Chinatown for 15 years, and also was involved in the non-profit organization to help and uplift the Deaf AAPI and Deaf community members on many subjects such as seniors, youth, families and children. I also have engaged and have had the privilege of working with Mayor Offices for Person with Disabilities, and collaborated with major CBOs known as CACF that specialize in empowering non-profits that support families and children of Asian Americans.

The reason I am here to give the testimony was to highlight and point out the concerns of people with disabilities living in such an unequal and expensive New York City.

I have the privilege and honor of sharing the plights of Deaf New Yorkers. We have statistics from the MOPD report - Accessible NYC 2025 that we have documented 200,000 New Yorkers with hearing disabilities / difficulties. In this new generation, we have witnessed more people with hearing disabilities who graduated at tertiary education, have faced daily challenges of finding the job they are seeking.

According to the Accessible NYC 2025 report, the NYC government has set the goal of hiring at least 2,500 New Yorkers with disabilities to jobs by July 2026. As of June over 1,350 individuals have placed through these efforts. As per 55-a law that authorizes 700 New Yorkers with disabilities to be placed, only 363 were placed. That's far below the goal.

Deaf New Yorkers from the older generation whom I have met are more than twice likely to live in poverty and rely mostly on government assistance or live with their parent household due to lack of education or poor English literacy. They often work two jobs to be able to afford their families. The pay gap is apparent as they earn at least 15% to 20% less than non-disabled peers.

Deaf New Yorkers from the younger generation who have education and/or job experiences and have better English literacy. They also told me that they are not able to find jobs due to invisible barriers in employment which are very common in hiring practices such as "not a culture fit" or "found a more qualified candidate" despite them being qualified and having job experience in the role they have worked on. They end up being a clerical role or administrative role.

Also, MOPD has implemented ATWork that partnered with public-private corporations into hiring people with disabilities. Based on what I collected from Deaf community is that they are understaffed and have a very limited manpower to help and outreach disabled New Yorkers. I myself have not seen any Career Fair they are hosting to outreach the disabled community.

I also witness that myself. They are very poor at outreaching even in social media due to understaffing. I decided to find out why, I realized the MOPD budget is inadequate and not sufficient to cover and support the program. As per DOHMH report, MOPD faced significant cuts due to expiration of pandemic era funding.

Also, I also own a small business and I have also researched a couple of New York City and State government agencies that offer support and grants that support people in economic needs. Unfortunately, there are no economic incentives that support the people with disabilities in need such as grants to operate or start a business. There are many many grants that cater to other people in need. Also, many government agencies lacked the accommodations to cater the Deaf New Yorkers seeking the resources and needs.

As I have had the privilege to network with people who advocated disability rights on this subject matter, they have already mentioned Local Law 30 (LL30) which covers the language access for all government agencies. The LL30 has covered the top 10 foreign languages to be mandated in all NYC government agencies but ASL is unfortunately excluded from that LL30. That is why many Deaf New Yorkers have a hard time accessing the resources they need from the NYC government due to inaccessible language not being covered which is one of the biggest grave threats to the Deaf New Yorkers seeking the resources they want to obtain from NYC government agencies. NYS have already passed Language Access into the law that also covered and included ASL as part of that package.

I believe it is the time to amend the LL30 to include ASL because I believe this is a fixable solution that would stop the problem from getting worse from time to time. I have already spread the word to the Deaf Community about it. They realized they are not able to obtain the ASL content and information in government agency websites because LL30 does not cover these even the MOPD website. There are a lot of resources on the website but only two ASL content videos are found there. Even adding insult to injury is that the NYC Board of Election is not that accessible as there is no ASL content to accommodate the Deaf New Yorkers. We have been experiencing and witnessing a very low voter participation rate among the Deaf New Yorkers due to lack of language access to educate them. Low voter participation equals poor economic equality.

I have already addressed that to MOPD Commissioner Nisha and she will address that to MOIA Commissioner to see if it is possible to amend LL30 to add ASL as part of the package so we won't be facing future problems that concern the economic and social needs of the Deaf New Yorkers.

Now I want to wrap up all the summary I give out and want to thank you for your time listening to what I collected and sharing with you from my own experience and interaction with many of Deaf community members.

Thank you.

Testimony
to
The New York City Council
Committee on Disability
From
Eman Rimawi-Doster
Senior Community Organizer
Disability Justice Program
at
New York Lawyers for the Public Interest
May 5, 2026

My name is Eman Rimawi-Doster, and I'm the Senior Community Organizer for the Disability Justice Program at New York Lawyers for the Public Interest (NYLPI). Thank you for the opportunity to present my testimony today.

Applying for and interviewing for a job is exciting, full of opportunities and possibilities. Unfortunately, that excitement is sometimes bittersweet for someone with a disability living in New York City. Disabled New Yorkers aren't just thinking about the job itself. We are also thinking about how we can get there.

NYLPI's Disability Justice Program works to reduce barriers for people with disabilities around our city, including by advocating for improved access to all modes of mass transit along with more accessible streets, sidewalks, and entry to places of business.

According to a study that the Center for the Independence of the Disabled New York, or CIDNY did, the second most complained about topic for disabled New Yorkers is transportation. And one cannot get a job and keep a job if they have unreliable transportation. Lack of reliable transportation is the second most cited reason, after discrimination, for New York's abysmal unemployment and under-employment statistics.

I've used Access-A-Ride since 2010, when my lupus caused severe neuropathy, causing me to become paralyzed from the neck down. After 14 months of intense physical therapy, some of which I had to do on my own because I wasn't getting better fast enough for my insurance and nursing home, I was able to walk again but had limited mobility with my legs. I now use a walker and prosthetics full time. I also use my wheelchair sometimes, when the small amount of strength I built in my leg's falters.

Sixteen years later, as an above- and below-knee amputee, I have even more mobility

struggles, and a busier life. And on the one hand, the Access-A-Ride (AAR) service has greatly improved, but there are still issues with it. Issues that make having a very busy and fluctuating schedule harder to manage. Booking a trip a day or two in advance often doesn't work for me, or others who use paratransit. Having only 40 rides a month with the MTA's pilot on-demand/e-hail making it difficult for many to have and keep jobs. I make it work, but not without significant challenges.

The trains and buses aren't even as accessible as the MTA claims. For example, even aside from the fact that only 30% of subway stations are currently stair-free accessible, there remain other significant accessibility barriers, including excessive and dangerous gaps between the platforms and the trains, system-wide. Further, while buses are ostensibly accessible, too many drivers are inadequately trained in how to secure passengers' wheelchairs. Despite those persistent accessibility challenges on fixed-route transportation even if there were 100% accessible train stations and buses, there will always be a need for AAR. It is therefore incumbent upon the City and the MTA to ensure that AAR functions optimally for the customers it serves.

I'm lucky that I've worked someplace for nine years that understands how difficult it is to get around the city with a physical disability. But not everyone with a disability has that luck. If we're going to talk about economic growth for disabled New Yorkers, not only should we do it in an intentional and intersectional way, considering discrimination and inaccessible work environments, we should consider the importance of accessible transportation as a driver of employment for people with disabilities.

And I just want to add, as someone with pretty aggressive lupus, who is an above and below knee amputee because of a miscarriage, caused by my lupus, I had to work really hard to make sure I have supports in place, so that I can work, so that I can participate in the community, so that I can fully live. That's how I have the life that I have now, which wasn't an easy place to get. I want that kind of support for all people with disabilities. I had to do a lot of this on my own, which wasn't great, but it's one of the reasons I'm committed to disability equity. I don't want anyone to do this on their own!

Thank you for the opportunity to testify. I can be reached at (212) 244-4664 or erimawidoster@nylpi.org if you have any questions or would like to discuss these issues further.

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About New York Lawyers for the Public Interest

For 50 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities,

we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI's Disability Justice Program works to advance the civil rights of New Yorkers with disabilities. In the past several years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include mandating that the MTA equitably provide its Access-A-Ride services to all applicants and riders with limited English proficiency. We have worked together with the MTA to bring about an "on demand" Access-A-Ride program and to enable New York's most indigent residents to obtain Fair Fare discounts when using Access-A-Ride. We are litigating a class action lawsuit seeking to permit all Access-A-Ride users to access the same discount programs available to all other MTA transit users, as well as a class action to remedy the enormous gaps between subway cars and subway platforms system-wide.

**Testimony before the New York City Council
Hearing on Equal Economic Opportunity for New Yorkers with Disabilities
May 5, 2026**

To the New York City Council Committee on Disabilities:

Thank you for the opportunity to provide testimony to the New York City Council's Committee on Disabilities regarding equal economic opportunity for New Yorkers with disabilities.

We are submitting this testimony jointly as a research scientist and physician in the Department of Rehabilitation Medicine at NYU Langone Health. Megan A. Morris, PhD, is the Irving Geist Vice Chair of Research in the Department of Rehabilitation Medicine at NYU Langone, where her research focuses on improving the quality of healthcare for people with disabilities. John-Ross Rizzo, MD, MSCI, FACRM, is the Ilse Melamid Vice Chair of Health Equity and Innovation in the Department of Rehabilitation Medicine at NYU Langone, with a research program at the intersection of rehabilitation, engineering, disability, and technology. Together, our work examines how healthcare systems and the technologies that support them can be designed to improve access, participation, and care for people with disabilities.

Any conversation about equal economic opportunity needs to start with health. Health is integral to a person's ability to seek and sustain employment, and the nearly one million New Yorkers with disabilities face significant disparities in healthcare access and quality. The Mayor's Plan to Advance Career Success for People with Disabilities represents a meaningful commitment to economic inclusion. The New York City Comptroller's 2024 analysis, however, illustrates the size of the challenge: only 41 percent of disabled working-age New Yorkers are employed, compared with 48 percent nationally, and disabled full-time workers in New York City earn a median of \$7,000 less per year than their non-disabled peers. These gaps will not close through workforce programming alone. We urge this Committee to consider how unequal access to healthcare presents a core barrier to economic advancement for New Yorkers with disabilities.

People with disabilities have lower rates of preventive cancer screenings, report greater difficulty finding providers willing to see them, and experience higher rates of preventable medical errors. These disparities are the result of structural, systemic, and attitudinal barriers to care. Facilities often lack accessible medical diagnostic equipment, care teams rarely provide the accommodations patients with disabilities need, and physicians and organizational leaders report limited awareness of their legal obligations under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.



In our research with patients in New York City, disabled New Yorkers consistently describe the same pattern. They request accommodations — interpreters, accessible exam tables, materials in accessible formats — and do not receive them. The consequences are immediate and concrete: appointments are canceled or cut short, patients leave without understanding their diagnosis or treatment plan, chronic conditions go unmanaged, and trust in providers erodes to the point that patients delay or avoid care altogether. In our recent work examining missed visits in ophthalmologic care, patients with greater visual disability had significantly higher no-show rates, a measurable downstream consequence of inaccessible care delivery. These failures are the result of a healthcare system that has not built accessibility into its standard workflows, which has direct economic consequences. Unmanaged health conditions translate into missed work, job loss, and exclusion from career advancement, compounding the structural ableism New Yorkers with disabilities already face at work.

The City has begun important work on healthcare accessibility, which includes infrastructure improvements, expanded auxiliary aids, a new patient communication board pilot, and accessibility-focused staff training at health systems across the City. These steps, along with the appointment of the NYC Department of Health's first Director of Accessibility, are meaningful. The call to the administration now is to build on them with systematic, evidence-based approaches that can be implemented at scale across the city.

Our research has identified practical, implementable methods for documenting patients' disability status and accommodation needs in the Electronic Health Record, designing clinical workflows that reliably deliver those accommodations, and improving communication between healthcare teams and patients with disabilities. This work is directly applicable to large public health systems, where systematic identification of patients' accessibility needs is the foundation for equitable care at scale. Disability data collection and accommodation workflows can be naturally incorporated into the five-year accessibility plans required of every City agency under Local Law 12 of 2023.

Technology can be a powerful tool for advancing accessible healthcare, but only when it is implemented thoughtfully. When a device or digital tool is provided as an accommodation, the accommodation is not complete at the point of delivery. Institutions must also consider usability, training, maintenance, and whether the technology actually improves the patient's ability to participate in their own care. This area remains underexamined in healthcare settings and has important implications for both health equity and workforce inclusion, particularly as assistive and digital health technologies become more central to how care is delivered.

We would welcome the opportunity to partner with the Committee, the Mayor's Office for People with Disabilities, and the NYC Department of Health on these efforts. We thank the Committee for its time and for its leadership on this issue.



Sincerely,

A handwritten signature in black ink, appearing to read "Megan Morris".

Megan A. Morris, PhD, MPH, CCC-SLP
Irving Geist Vice Chair of Research
Departments of Rehabilitation Medicine and Population Health
NYU Langone Health

A handwritten signature in black ink, appearing to read "John-Ross Rizzo".

John-Ross Rizzo, MD, MSCI, FACRM
Ilse Melamid Vice Chair of Health Equity and Innovation
Health System Director of Enterprise Accessibility
Departments of Rehabilitation Medicine, Neurology, and Ophthalmology
NYU Langone Health



May 5, 2026

**New York City Council – Committee on Disabilities
Oversight: Equal Economic Opportunity for New Yorkers with Disabilities**

**Marc Safman Testimony
DeafBlind Inclusion facilitates Accountability, the Innovation supporting Sustainable Economic Growth**

Good morning, Chair Hanif and members of the Committee on Disabilities. My name is Marc Safman. I am a DeafBlind New Yorker and the founder of Safman Consulting. I reside in Astoria (District 22). My work is grounded in lived experience—navigating systems that were never designed with people like me in mind—and helping policymakers understand how to build systems that work. I appreciate the opportunity to be here today, but I want to be direct from the start. The way this hearing is framed—“economic opportunity for New Yorkers with disabilities”—already limits the answer. It suggests this is about creating something separate for a specific group of people. We are all humans. The issue is whether New York City’s systems—its economy, its services, its public processes—are accessible to the people who live here. Right now, they are not.

New York City’s biggest barrier to expanding economic opportunities and sustainable growth is overcoming the ableist mindset of New York City Councilmembers, especially members of this disabilities committee, and the Mamdani administration. Why have a disabilities committee if the Chair and members of the newly formed committee immediately turn their backs on our communities by embracing Intro 303^o? On April 13, 2026, New York DeafBlind Advocates (A group I helped establish) was one of 19 disabled focused organizations signing a letter sent by Brooklyn Center for the Independence of the Disabled (BCID) urging City Council to hold a second Intro 303 hearing to allow disabled New Yorkers present testimony. Why are we forced to beg to be able to present testimony on a subject that is about us? Why have members of the committee refused to support our request for fairness?

The New Era Mayor urges people to stand while proposing to waste \$25M on long term bike storage in the middle of a multibillion budget challenge while at the same time continuing the tradition of failing to support MOPD so that it has the capacity to be impactful in the lives of New Yorkers.

Accessibility in this city is still treated as optional. Something only considered after millions of dollars and time are spent until a judge orders progressive New York electeds to stop discriminating.

Accessibility is the key to the innovation that facilitates economic growth and opportunities. The internet is fundamental to core infrastructure. Yet in 2026, decades after ZoomText, CART and power chairs were introduced, city agencies struggle to understand barrier free operations start with accessible websites and documents. When that infrastructure is missing, people are not just inconvenienced, they are shut





out. New York's affordability crisis is due to the fear that empowers racism, sexism, antisemitism- the unwillingness of the historically privileged to embrace democracy and share power and resources with people that are different than them.

Nowhere is that more visible than in the interpreter and captioner crisis. Across New York City, DeafBlind, Hard of Hearing and Deaf New Yorkers struggle to access basic communication supports. Interpreters are unavailable. Captioning is inconsistent or nonexistent. Requests are delayed, denied, or treated as burdens instead of obligations. This affects healthcare, networking, education, workforce training, public benefits, housing, and civic participation. Without communication access, there is no economic opportunity. The current budget process confirms there is no coordinated, citywide strategy to address this crisis.

The consequences of that failure are visible in real time. The Rent Guidelines Board is currently holding its 2026 meetings on housing costs—decisions that affect millions of New Yorkers. Its website provides no clear access to ASL, no CART captioning, no DeafBlind communication access, and no visible accommodation request process. ¹ There is no instruction explaining how to request services. Access exists only if you already know how to navigate the system.

For DeafBlind New Yorkers, the situation is even more severe. There is no citywide, funded CoNavigator or Support Service Provider program. No consistent system that provides navigation support, communication facilitation, and access to public spaces and services. A fully funded CoNavigator program is core infrastructure.

Once you begin to look at the system holistically, a pattern becomes clear. That pattern shows up in legislation. Int. 199-A (Algorithmic Accountability) moves forward without requiring meaningful disability impact analysis.² Int. 163-2024 reflects outdated thinking about accessibility, focusing on print rather than digital systems.³ Int. 691-A attempts to measure inequity, yet does not explicitly require disability in the analysis.⁴ Int. 0982-A expands pay transparency while omitting disability entirely.⁵ During the debate on Intro 303, disabled New Yorkers raised concerns that were acknowledged but not incorporated into the legislation.⁶

These are not isolated oversights. They reflect a system where lived experience is not embedded in policymaking from the beginning.

The same failure appears in implementation. Local Law 157 of 2016 required natural gas detectors in residential buildings.⁷ The implementation failed to account for Deaf, DeafBlind, and Hard of Hearing New Yorkers. Devices were installed without ensuring they worked for people who rely on visual or tactile alerts.

The same pattern is repeating. In January 2026, the City announced a \$4 million investment in modular public restrooms intended to expand access across the five boroughs. ⁸ Installations already in place, including those in Astoria, are technically compliant but not functionally usable for many disabled New

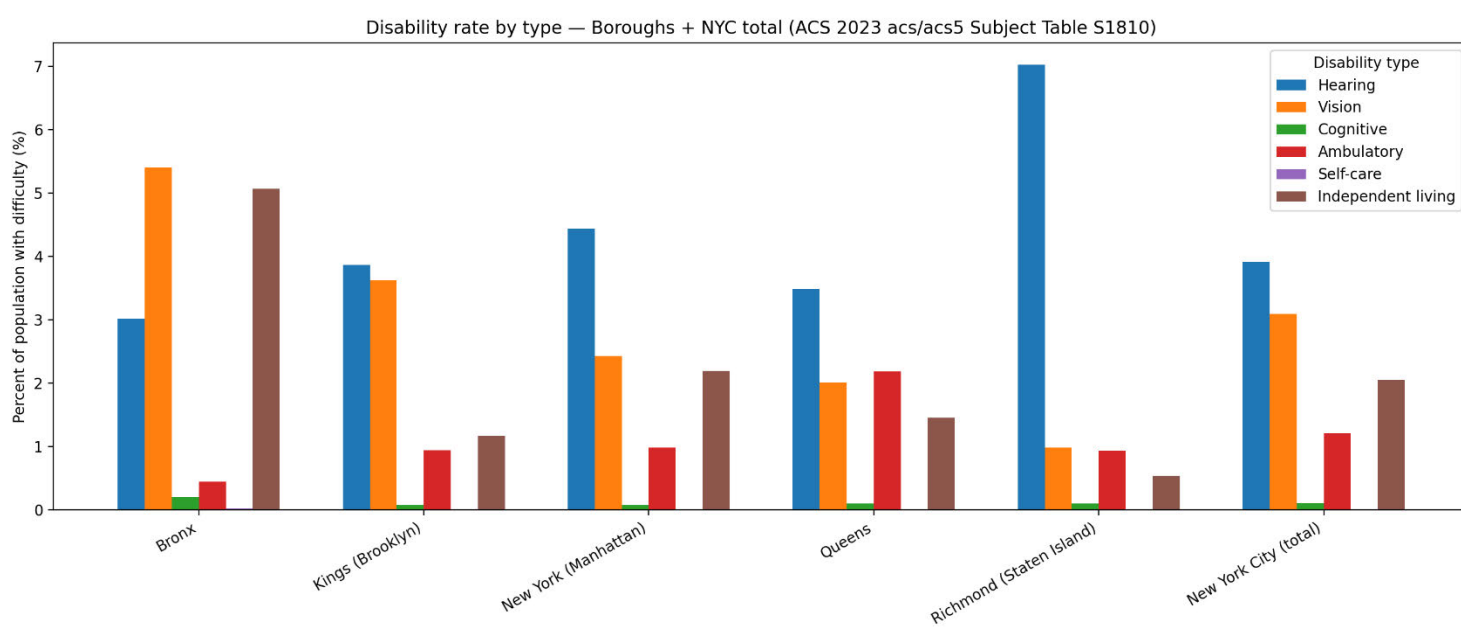


Yorkers. They meet standards. They do not meet needs. This is what happens when infrastructure is designed without meaningful input from the communities that rely on it.

Even when failures rise to enforcement, gaps remain.

The recent NYCHA ADA settlement addresses communication access failures for Deaf and Hard of Hearing residents. ⁹ It completely ignores the needs of the DeafBlind community, including tactile communication or CoNavigator support. A settlement intended to correct access failures still leaves people out.

The data makes the problem even clearer. Disability rates vary significantly across boroughs, based on U.S. Census American Community Survey data. ¹⁰



The Bronx shows higher vision and independent living challenges. Staten Island shows higher hearing-related disability. Queens shows higher ambulatory difficulty. Each borough has a different profile of need. The City does not operate with a borough-level accessibility strategy that reflects those differences. Accessibility is treated as one-size-fits-all. The data shows that approach costs New York economic opportunities.

The City also lacks the ability to measure whether its own programs are effective. NYC: ATWORK is often cited as a key initiative to expand employment opportunities for disabled New Yorkers. Limited figures have been shared publicly, including several hundred placements over multiple years and broader participation numbers. ¹¹ These figures are not part of a consistent performance framework. There are no regular reports showing:

- placement rates over time
- job retention



- long-term outcomes
- outcomes by disability type

Without data, there is no accountability. Without accountability, programs continue to be funded without clear evidence that they are working. In order to be impactful for New Yorkers, NYC ATWORK should be merged into Workforce One Centers located across the city.

We can see what NYC is missing by looking at Washington, D.C., a city of roughly 700,000 residents. In FY2026, DC invested approximately **\$3.9 million** in its Office of Disability Rights (ODR). This includes about **\$1.78 million dedicated to Deaf, DeafBlind, and Hard of Hearing services**, reflecting the consolidation of the former standalone Mayor’s Office of Deaf, DeafBlind, and Hard of Hearing into ODR.¹² This structure provides:

- centralized interpreter and communication access services
- agency training and compliance oversight
- community-based programs
- formal reporting and accountability mechanisms

New York City has no equivalent. There is no dedicated office for Deaf, DeafBlind, and Hard of Hearing New Yorkers. There is no centralized interpreter/captioner infrastructure across agencies. There is no help navigating NYC if you are DeafBlind. I know from three decades of living in NYC. All you can do is file a legal complaint if you face difficulties trying to access CART at professional networking, employment or cultural events.

All of this points back to a structural issue. The Mayor’s Office for People with Disabilities operates on approximately \$678,000 annually.¹³ At that level, it cannot:

- review legislation at scale
- guide complex infrastructure decisions
- ensure compliance across agencies
- track program outcomes
- provide impactful guidance and services for private employers
- or build the systems required for real access

Across the entire NYC government landscape – you primarily find “disabled” staff fulfilling the accessibility jobs. It is extremely rare to see individuals with disabilities employed in non-token broken roles. The result is predictable. Policies move forward without full consideration. Infrastructure is built without meaningful input. Programs operate without measurable outcomes.

The same pattern extends into broader policy work.

The New York City Comptroller’s July 2024 report, Disability and Employment in New York City, relies on ACS data rather than standard BLS measures, limiting comparability and raising questions about its conclusions.¹⁵ More critically, it omits key structural factors—such as interpreter and captioner shortages, the interactive accommodation process, and inaccessible digital systems—that determine





whether disabled New Yorkers can participate in the workforce at all. These gaps amplify the misleading statistical insight while overlooking the infrastructure failures driving the disparities.

The Public Advocate's report, *Diverse Entrepreneurial Inclusion*, identifies economic barriers to MWBE participation but omits disability entirely. ¹⁴ When disability is not measured, it is not addressed—resulting in an incomplete definition of equity. The core issue is straightforward: disabled New Yorkers are the experts yet remain excluded because systems are designed without them.

Members of the Disabilities Committee should take Mayor Mamdani up on his pledge to govern audaciously and push for the creation of an empowered MOPD capable of leading the City into a new era of economic opportunity. That leadership requires more than funding. It requires a different approach to workforce development - Lift everyone up!

New York's workforce system is fragmented. Education, training, employment, and capital access operate in silos with inconsistent accessibility. That fragmentation produces exclusion. A functioning system would align these components into a coordinated structure with accountability for outcomes. Public funding would require accessibility across all workforce programs, digital systems, and hiring pipelines. Apprenticeships and work-based learning would be expanded in high-demand sectors and designed for inclusion from the start. A unified data system would track outcomes—entry, completion, placement, and retention—so gaps can be identified and addressed. Employers/MWBEs receiving public support would be held accountable for inclusive hiring and retention. Access to capital would include accessibility requirements and support for compliance, ensuring disabled entrepreneurs are not excluded. This would be a system that recognizes economic participation is the result of infrastructure—not intention.

Until accessibility is treated as core infrastructure—planned, funded, measured, and implemented from the beginning—there will be no meaningful expansion of economic opportunity. A system that excludes 12 percent of its population is not equitable. It is not economically efficient.

New York City does not lack reports or official awareness events. It lacks leadership committed to dismantling the barriers that prevent economic opportunity.

The question before this Committee is simple.

Will New York City treat accessibility—especially communication access—as essential infrastructure?

Until that happens, economic opportunity will remain out of reach.

Thank you.

Footnotes

1. Rent Guidelines Board Meetings: <https://rentguidelinesboard.cityofnewyork.us/2026-meetings/>
2. Int. 199-A: <https://legistar.council.nyc.gov/>
3. Int. 163-2024: <https://legistar.council.nyc.gov/>



4. Int. 691-A: <https://legistar.council.nyc.gov/>
5. Int. 0982-A: <https://legistar.council.nyc.gov/>
6. NYC Council Legislation Portal: <https://legistar.council.nyc.gov/>
7. Local Law 157 (Gas Detectors): <https://www.nyc.gov/site/buildings/codes/local-laws.page>
8. NYC Modular Restroom Announcement: <https://www.nyc.gov/mayors-office/news/2026/01/mayor-mamdani-announces-new-commitment-to-expand-access-to-public-restrooms>
9. DOJ NYCHA ADA Settlement: <https://www.justice.gov/opa/pr/justice-department-secures-agreement-new-york-city-housing-authority-improve-access>
10. U.S. Census ACS Data: <https://data.census.gov/> Chart created by Aaron Graham.
11. NYC: ATWORK: <https://www.nyc.gov/site/mopd/resources/nyc-atwork.page>
12. District of Columbia Office of the Chief Financial Officer, *FY2026 Approved Budget and Financial Plan*, Office of Disability Rights and Office of the Deaf, DeafBlind, and Hard of Hearing chapters, showing a combined budget of approximately \$3.9 million, including about \$1.78 million for Deaf, DeafBlind, and Hard of Hearing services following consolidation. Available at: https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/js_odbhh_chapter_2026o.pdf DC Office of Deaf, DeafBlind, Hard of Hearing: <https://odr.dc.gov/page/division-deaf-deafblind-and-hard-hearing>
13. NYC Office of Management and Budget: <https://www.nyc.gov/site/omb/index.page>
14. NYC Public Advocate, Diverse Entrepreneurial Inclusion, <https://advocate.nyc.gov/reports/diverse-entrepreneurial-inclusion>
15. New York City Comptroller Brad Lander, Disability and Employment in New York City (July 9, 2024), <https://comptroller.nyc.gov/reports/disability-and-employment-in-new-york-city/>

My name is Jeff Zysman, and I am the ambassador for the Innovative Planning and Advocacy Department. The Innovative Planning and Advocacy Department has helped me integrate into the community and achieve my goals. My top 3 goals are to be professional while in the community, to be safe, and to be more independent.

It has taught me to advocate for what I want and what I need to be able to help others get what they want and need as well. It taught me that I have a voice and the right to express myself and to speak my mind for what is right, to express my concerns or doubts, and have a say in what I need and what I want out of life.

I have a passion to do so because it benefits others just like myself. I go to Albany to attend upcoming rallies and conferences to advocate for issues such as **fair compensation for Direct Support Professionals', or DSPs, to increase the wage by 7.8%.**

I have also met with Senators like Senator Kristen Gillibrand, Patricia Fahy, Liz Kruger and Assembly Members like Linda Rosenthal and Tony Simone. I also meet with the Office of People with Developmental Disabilities, or OPWDD, monthly to discuss and vote on budget increases.

The Innovative Department also creates workshops. My favorite workshop that I participated in was the Right of the Month. I learned a lot about what my rights are with someone with a disability such as freedom to choose what I want to do in my spare time, the freedom and the right to vote for local and state legislation. I also won a certificate, and I got promoted to ambassador. These experiences has helped me become an ambassador by gaining hands on experience **by getting involved in local and statewide legislation.**

On my free time, I enjoy going to the gym and working out. I also go bowling on the weekends out in Long Island with friends. I am also working on a second bowling fundraiser for CFS. **On my last bowling fundraiser, I raised over \$10,000.**

**Testimony of The Legal Aid Society, Civil Practice
Before the New York City Council’s Committee on Disabilities
Oversight of Equal Economic Opportunity for New Yorkers with Disabilities
May 5, 2026**

Poverty disproportionately impacts people with disabilities.¹ Some people with disabilities require home care 24-hours a day in order to live independently in the community and to obtain and maintain employment. When this support is provided two people are involved: the home care worker and the home care recipient.

On February 18, 2026, a hearing was held for Intro. 303-2026, a bill that attempts to abolish 24-hour home care shifts, that excluded key stakeholders, most notably members from the disability community. Despite having testified against a nearly identical bill in 2022 and being involved for many years on the issue of 24-hour care on behalf of both workers and consumers, The Legal Aid Society was also not invited to testify or informed of that hearing. Therefore, we submit this testimony now so that the members of the Committee on Disabilities are aware of the dangers that Intro. 303-2026 poses to people with disabilities. We urge the Committee to continue to speak with the communities most directly impacted by Intro. 303-2026, including people with disabilities who rely on 24-hour care to live independently in the community and avoid institutionalization. We urge Committee members to oppose Intro. 303-2026 and to support alternative solutions that protect both home care workers and home care recipients.

We also urge members of the Committee on Disabilities to join advocates in calling for \$10 million of increased funding for the City Commission on Human Rights, which would bring its

¹ Emily A. Shrider and Christina Bijou Issued, Poverty in the United States: 2025, U.S. Census Bureau, Current Population Reports P60-287, ([PDF](#)) U.S. Government Printing Office, Washington, DC, 2025. Accessed April 28, 2026.

budget up to \$25 million for FY27. Even in challenging budgetary times, these funds should be prioritized because the Commission is a critical partner for disabled New Yorkers. It is the government entity that works with disabled New Yorkers to ensure life changing modifications are made by landlords so that residents can use bathrooms or exit buildings.

I. Introduction

The Legal Aid Society’s Civil Practice provides comprehensive legal assistance on a vast array of legal matters. The diversity of our practice areas demands an intersectional approach that responds to the needs of all our client communities without pitting vulnerable communities against each other. Most relevant to our testimony today are our health law and employment law practices, where we represent both seniors and people with disabilities who require home care services (“consumers”) to live independently in the community and to be able to work, and the aides who provide this care.

While The Legal Aid Society supports an end to 24-hour shifts at the state level except under certain circumstances, we strongly oppose Intro. 303-2026. If enacted, seniors and people with disabilities who require 24-hour personal care services will immediately be deprived of medically necessary care that allows many people with disabilities to live independently. Conversely, it will lead to injuries, hospitalization and unnecessary institutionalization.

Health Law Unit

The Legal Aid Society's Health Law Unit's mission is to ensure low-income New Yorkers can live their healthiest lives. We provide direct legal services and advocate for informed policy change. We work every day with clients facing denials of care, lack of appropriate care management, and difficulty navigating the increasingly complex, ever-changing Medicaid program.

The Health Law Unit represents hundreds of individuals seeking to secure or maintain home care services through their Medicaid benefits. Our clients, who are all low-income individuals, frequently face reductions and denials of care that violate statutes, regulations, or state policies or contracts. The home care clients that contact us the most are seniors and people with disabilities with high needs and high-hour cases such as 24-hour care. In our experience, these individuals face the most barriers to care, the most denials of requests for increased services, and the most frequent reductions in their home care hours. These unlawful reductions and denials of service and inadequate authorizations lead to costly, avoidable hospitalizations, such as falls that occur when a person is trying to accomplish activities of daily living without assistance and infections from ulcers that develop when a person is unable to turn in bed.²

For many of our high-need clients, accessing the care and services that they need in order to live independently in the community can feel like a full-time job. We know that for each client who reaches us, many home care recipients are unrepresented.

² See Caballero et al v. Zucker et al, No. 2016-cv-00326 (EDNY 2016); Bucceri et al v. Zucker et al, No. 16-cv-08274 (SDNY 2016); No. 18 Civ. 02380 (EDNY).

Employment Law Unit

The Legal Aid Society's Employment Law Unit represents low-wage workers in cases concerning wage theft, trafficking, discrimination, leave, unemployment insurance, and other areas. We represent home health aides assigned 24-hour shifts who have worked round the clock but only been paid for 13 hours out of 24. These workers face exhaustion and health risks from assisting consumers without adequate rest. Their persistent lack of sleep is injurious to their health. In *Chen v. Reardon*, we, together with the National Center for Law and Economic Justice, represent a certified class of home health aides who are seeking to compel the New York State Department of Labor to enforce the Labor Law against employers who paid home health aides for only 13 hours out of 24-hour shifts even though they had worked round the clock.

II. 24-hour home care shifts

Under New York State regulations, Medicaid recipients who require 24-hour home care can be authorized for either: 1) "sleep in" care, where their need for assistance is sufficiently infrequent that one sleep-in 24-hour home care aide would be likely to obtain, on a regular basis, five hours daily of uninterrupted sleep during an eight-hour period of sleep; or 2) "split shift" care where they are determined to need a higher level of assistance of 24 hours of uninterrupted care by more than one aide.³ Therefore, being authorized for sleep-in care does not and cannot entitle a consumer to split shift care. An agency cannot provide split shift care if a consumer is not authorized for it. An

³ 18 N.Y.C.R.R. §§ 505.14(a)(2) and (4); 18 N.Y.C.R.R. § 505.28(b)(6) and (11).

agency cannot provide a consumer authorized for sleep-in care with anything other than sleep-in care.

In practice, home care aides who work sleep-in shifts are only paid for 13 out of each 24 hours of their shift. Regardless of the reality, the agencies presume that aides spend 8 hours of the shift sleeping and 3 hours of the shift eating meals to justify a funding scheme that does not pay aides for all the hours they are actually working. The State's funding to Medicaid managed care plans and contracts with home care agencies reflect this presumption. This system directly impoverishes these overworked low-wage workers, who are mostly women of color and/or immigrants.⁴

Under a 2019 New York Court of Appeals ruling, agencies employing home health aides working 24-hour shifts are obligated to pay for the entire sleep period of eight hours if the worker does not get at least five hours of uninterrupted sleep and eight hours of sleep altogether.⁵ Similarly, the court ruled that if the worker gets less than a full hour completely off to eat, meal times are compensable.⁶ In reality, in case after case, workers who only got intermittent sleep in between providing assistance with turning in bed, toileting, cleaning up the consumer and sheets, and other repeated nighttime activities are nevertheless not paid for more than 13 hours for that 24-hour shift. Workers who grabbed food while serving the consumers were never paid for those mealtimes, as the

⁴ NEW YORK CITY DEPT OF CONSUMER AFFAIRS, LIFTING UP PAID CARE WORK (2018) available at <https://www1.nyc.gov/assets/dca/downloads/pdf/workers/Lifting-up-Paid-Care-Work.pdf>.

⁵ Andryeyeva v. N.Y. Health Care, Inc., 33 N.Y.3d 152 (2019).

⁶ Id.

law prescribes. The State Department of Labor has refused to take meaningful action to enforce the law against these pervasive violations by employers. And employers complain that the managed care plans do not pay them to cover hours beyond 13 in a 24-hour shift, so they continue to cheat the workers out of their wages.

This system also directly harms the people using these services. Some workers have been told by their employers not to provide assistance to consumers at night, even when consumers need help with activities such as going to the bathroom, or if they need assistance after a fall. Some consumers are accurately determined to be eligible for sleep-in care as defined by state regulation. However, Medicaid managed care plans will often use the premise of sleep-in as a means to avoid authorizing split-shift 24-hour coverage to someone who actually requires this higher level of service. These problems are a manifestation of the larger funding problem that is biased toward institutionalization, and away from ensuring the right of seniors and people with disabilities to remain in their communities.

This entire process - including the assessment, the authorization, the payment scheme - is governed by state laws, regulations, and contracts.

A. Intro. 303-2026

Intro. 303 is not the solution to any of these problems. Intro. 303 does not eliminate the category of 24-hour sleep-in care; it does not prevent individuals from being authorized for sleep-in care, nor does it address the State's funding scheme that allows a home care worker to be paid only 13 hours for a 24-hour shift. It proposes to fine home care agencies and consumers enrolled in the Consumer Directed Personal Assistance Program (CDPAP) and to cancel contracts when a home

care aide works more than 12 hours per day, works 12 hours on consecutive days, or works more than 56 hours in a week, except in emergency circumstances. If enacted, without reforms to the long-term managed care system on the State level, the result will be that consumers who have authorizations with 24-hour sleep-in care will immediately lose medically necessary nighttime care such as help with turning and position in bed and toileting and agencies and employers will turn away consumers authorized for sleep-in services. For some people, their loved ones will fill in the gaps of care created by this bill. In particular, in CDPAP, where the vast majority of caregivers are family members, limiting the number of hours caregivers can work will only cause them to work long hours without pay. When family members provide this type of informal support, they forgo sleep and employment and lose jobs, worsening the cycle of poverty for their families. Some people will be forced to enter nursing homes because they cannot receive the services that they need to remain in the community and to which they are entitled. And some people will suffer illness or injury as result of the loss of services.

B. Misinformation

When disability groups and other opponents of Intro. 303 learned after the fact about the hearing on February 18th, we began to raise our concerns with Councilmembers, including members of this committee. False claims continue to be asserted by the proponents of the bill. Seniors and people with disabilities who rely on this care continue to be excluded from conversations around the bill, despite its devastating impact on their lives.

In a recent op-ed, the bill’s primary sponsor, Councilmember Marte claimed that “many agencies have already made this transition [from sleep-in to split shift] successfully.”⁷ The article goes to on to claim that “more than a dozen home care agencies in New York City have already transitioned to split shifts without additional state intervention.”⁸ Home care agencies do not have the authority to make changes to a Medicaid authorization without state intervention and cannot spend state Medicaid dollars on unauthorized care without committing fraud. We applaud agencies that assist individual workers to document their hours worked which helps the consumer advocate for an authorization change to split-shift. However, this practice illustrates the need for an authorization change for each individual consumer at the state level. Additionally, in our experience this is rare. It is more common for home care agencies to refuse to take 24-hour sleep in cases. Intro. 303 only encourages this practice.

The op-ed adds that the “legislation would end 24-hour shifts and require 12-hour shifts instead, the standard already used across the rest of New York State and country.”⁹ Split shift is not the standard in the rest of New York State. There are approximately 5,000 individuals outside of New York City receiving sleep-in shifts.

Despite reports that proposed amendments resolve the problems, they do not. In fact, the amendments include changes that cause further harm to workers and consumers. Previous versions of the bill exempted caregivers who are family members. The amendments remove that exemption.

⁷ Christopher Marte and Ron Kim. “End New York City’s 24-Hour workday.” *New York Daily News*, April 21, 2026.

⁸ Id.

⁹ Id.

This means, for example, a mother who is an aide to her disabled adult child cannot work above the hour limits. If she does, she either will not be paid for that work, or if she tries to get paid, her disabled adult child will be fined. This is also true of brothers, sisters, grandparents, adult children, and other family members providing care. The most recent amendment pushes out the implementation date, but ultimately does not resolve the fatal flaws with the bill that remove 24-hour care without replacing it with anything, which will lead to people with disabilities going without care.

C. Recommendations

We recommend that City Council pass legislation that supports both home care workers and home care recipients, which says the following:

1. It shall be unlawful for a home care agency to retaliate against any home care aide for declining to work 24-hour shifts, including successive 24-hour shifts. Home care aides can only be assigned 24-hour shifts if they first sign a revocable consent form which informs them of their rights.
2. It shall be unlawful for a home care agency to impede any home care aide from reporting all of the hours they worked or to retaliate against the aide for reporting all hours worked.
3. A home care agency shall be required to provide to the managed care plan and the consumer records of hours worked in a 24-hour shift that indicate that the consumer is eligible for split shifts.

III. City Commission On Human Rights

The Mayor's preliminary budget proposal compounds, rather than addresses, the chronic underfunding the New York City Commission on Human Rights has been subjected to since the pandemic. Mayor Mamdani proposes cutting the Commission's budget by almost 10%. This would be the first budget decrease in five years for the Commission. Cutting its budget means that New Yorkers will wait longer for justice and our Human Rights Law will go under-enforced. We call on the Mayor to reverse course and invest in the Commission so that it is funded at \$25 million in FY27.

The Commission is an indispensable partner for New York's most vulnerable residents seeking to enforce their rights. For low-income New Yorkers, the Commission is likely the only way to protect their rights. Accessing the courts, without the assistance of counsel, is not viable for many New Yorkers. This is because court procedures are complex; litigation can be expensive and involve multiple appearances requiring low-income New Yorkers to miss work they cannot afford to forego; and language access can be a barrier. Furthermore, court cases can take years to resolve: the Commission can and should provide disabled New Yorkers with efficient resolutions that keep them in their homes or jobs ensuring that the accommodations required by law are promptly implemented by employers and landlords. We urge the members of the Committee on Disabilities to support increasing the Commission's budget to \$25 million in FY 27.

IV. Conclusion

While The Legal Aid Society supports an end to 24-hour shifts at the state level except under limited circumstances, we cannot support Intro. 303-2026. We urge all members of the committee to oppose Intro. 303 and communicate that opposition to the Speaker and your other colleagues in the Council. We urge that the Council take action to monitor home care agencies that contract with New York City as outlined above.

We also urge members of the Committee on Disabilities to join advocates in calling for \$10 million of increased funding for the City Commission on Human Rights.

Thank you for your attention and consideration. If you have questions, please contact Belkys Garcia at brgarcia@legal-aid.org , (212) 577-3582.

The Legal Aid Society

My name is Richter Nietzsche, and I am a tenant in a congregate care facility operated by WellLife Network.

I believe in this type of housing, especially for people in the mental health community. But because of that, I believe reports and safety concerns should be taken seriously, and when laws are being broken, there should be immediate action, including contacting the police when necessary.

My current living situation has directly affected my health and stability. I am unable to attend my medical appointments consistently because my roommate keeps me awake at night with loud music. I have difficulty doing basic tasks like laundry because there is no elevator in the building, and I struggle with stairs.

There are also ongoing safety concerns. My roommate allows a person who has been trespassed to continue entering the space. My personal supplies are being used without my consent. The environment is not clean, which creates risks for my emotional support animal.

I recently started college remotely, but I am unable to focus or succeed in my studies due to the constant noise and instability in my living environment.

I am asking that stronger protections and enforcement be put in place for tenants in supportive housing, especially when it comes to safety, accessibility, and accountability.

Thank you for listening.

AVANY MEDICAL, P.C.

2960 OCEAN AVE. 3RD FLOOR

Brooklyn, N.Y. 11235

Tel: (718)787-0100

Fax :(347)824-2288

04/21/2026


Ms. Miroslava Tsvyakh

██████████
FAR ROCKAWAY, NY 11691

DOB: 8/12/██████████ Age: ██████████ Sex: Female

To Whom It May Concern: I am the treating physician for **Ms. Miroslava Tsvyakh** , who has been under my care since 12/12/2025 for the management of **C79.82 Secondary malignant neoplasm of genital organs** . Due to the patient's advanced stage of illness, she has severe respiratory impairment and is oxygen-dependent, requiring continuous use of medical oxygen. As their physician, I am certifying that the installation of mechanical kitchen ventilation is a medical necessity for the following reasons: Fire and Oxygen Safety: Medical oxygen creates an oxygen-enriched environment that increases the risk of rapid combustion. Mechanical ventilation is required to safely remove heat, grease, and smoke that could pose a fire hazard in the presence of life-sustaining oxygen equipment. Respiratory Protection: Exposure to cooking fumes, nitrogen dioxide, and fine particulate matter significantly exacerbates the patient's respiratory distress and compromises their fragile lung function. Maintenance of Health: Proper ventilation is essential to allow the patient to maintain nutritional intake safely within their home, which is a critical component of their current palliative care plan. In my professional medical opinion, this home modification is not a matter of convenience but is essential to ensure the patient's safety and to prevent life-threatening complications or re-hospitalization.

If you have any questions please feel free to contact me .


Lucia Avany M.D.

LICIA AVANY, MD
NYS LIC#255000-4
DEA#FA185-400

**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: _____

(PLEASE PRINT)

Name: Nisha agarwal - Commissioner

Address: _____

I represent: MOPD

Address: _____

**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: _____

(PLEASE PRINT)

Name: Haris Khanal Commissioner

Address: _____

I represent: SBS

Address: _____

**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: 5/5/26

(PLEASE PRINT)

Name: Nisha Agarwal

Address: _____

I represent: Mayor's Office for People w/ Disabilities

Address: _____

**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: 5/5/26

(PLEASE PRINT)

Name: Kadai Qutar

Address: 1 Centre Street

I represent: DCAS

Address: 1 Centre Street

**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: _____

(PLEASE PRINT)

Name: Lisa Sheinhouse

Address: _____ Bklyn NY 11234

I represent: Ohel Children's Home + Family Serv

Address: 1268 E 14th St, Bklyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 303 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: ANTHONY PHILLIPS

Address: 280 MADISON ST

I represent: NATIONAL ACTION NETWORK DISABILITY CATE

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

in favor in opposition

Date: 5/5/26

(PLEASE PRINT)

Name: DOUG LIPARI

Address: 1 LIBERTY PLAZA NY NY 10006

I represent: OFFICE OF TALENT + WORKFORCE DEVELOPMENT

Address: 1 LIBERTY PLAZA NY NY 10006

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Addy Mayerkoff

Address: 100 Gold Street, 2nd Fl NY NY

I represent: Mayor's Office for People with Disabilities

Address: 100 Gold St, 2nd Fl

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

in favor in opposition

Date: May 5, 2026

(PLEASE PRINT)

Name: Haris Khan

Address: 1 Liberty Plaza NY NY

I represent: NYC Dept of Small Business Services

Address: 1 Liberty Plaza NY NY

**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: May 5, 2026

(PLEASE PRINT)

Name: Julia Linder

Address: _____

I represent: Harlem Independent Living Center

Address: _____

**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: 5/5/26

(PLEASE PRINT)

Name: Gregory Meyers - Bridges from School to Work

Address: 1460 Broadway, 10th Fl, NY NY 10036

I represent: Bridges from School to Work

Address: same

**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: _____

(PLEASE PRINT)

Name: Tonto Cubree

Address: _____

I represent: _____

Address: _____

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

**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: _____

(PLEASE PRINT)

Name: Shanon Shaw

Address: _____

I represent: Heartshare

Address: _____

**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: May 5 2026

(PLEASE PRINT)

Name: Mchele Anne Blendmonville

Address: [REDACTED] 220th St QNS

I represent: Lead for Humanity

Address: _____

**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: 5-5-2026

(PLEASE PRINT)

Name: MORIAH ENGELBERG

Address: [REDACTED]

I represent: A BETTER BALANCE

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. 303 Res. No. _____

in favor in opposition

Date: 5/5/26

(PLEASE PRINT)

Name: Belkys Garcia

Address: _____

I represent: The Legal Aid Society

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. 303 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: EVAN YANKEY

Address: _____

I represent: BROOKLYN CENTER INDEPENDENCE ISSAILED

Address: 95 ELM PLACE

**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: 5/5/26

(PLEASE PRINT)

Name: Kathleen Collins

Address: _____

I represent: SELF

Address: _____

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: 5/5/20 *AM*

Name: AMY - MONIQUE WADDELL
(PLEASE PRINT)

Address:

I represent: LONG ISLAND CITY, NY 11101
PODWILL NYN

Address: 29 ELM PL, BKLYN, NY 11201

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