CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON WOMEN AND GENDER EQUITY JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION
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Tuesday, June 25, 2024
Start: 10:23 A.M.
Recess: 1:12 P.M.

HELD AT: Council Chambers - City Hall

B E F O R E: COMMITTEE ON WOMEN AND GENDER EQUITY
Hon. Farah Louis, Chair

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION
Hon. Linda Lee, Chair

COUNCIL MEMBERS:

COMMITTEE ON WOMEN AND GENDER EQUITY:
Tiffany Cabán
Jennifer Gutiérrez
Kevin C. Riley
Inna Vernikov

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION:
Shaun Abreu
Erik D. Bottcher
Tiffany Cabán
Shahana K. Hanif
Farah N. Louis
Kristy Marmorato
Darlene Mealy

COMMITTEE ON WOMEN AND GENDER EQUITY JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION

COUNCIL MEMBERS (CONTINUED)

OTHER COUNCIL MEMBERS ATTENDING:
Farías, Brewer, and Restler.

COMMITTEE ON WOMEN AND GENDER EQUITY JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION

A P P E A R A N C E S

Dr. Leslie Hayes, Deputy Commissioner for the Division of Family and Child Health (testimony and Q&A)

Laura Louison, Assistant Commissioner for the Bureau of Maternal, Infant, and Reproductive Health (Q&A)

Marnie Davidoff, Assistant Commissioner for Children, Youth, and Families (Q&A)

Dr. Zahirah McNatt, Assistant Commissioner for Brooklyn Neighborhood Health (Q&A)

Carlos Ortiz, Assistant Commissioner for External Affairs at Department of Consumer and Worker Protection (Q&A)

Antonio Reynoso, Brooklyn Borough President

Paige Bellenbaum,
Founding Director and Chief External Relations Officer of the Motherhood Center of New York; Clinical Social Worker

Patricia Loftman,
Representing New York Midwives and New York City Department of Health Maternal Mortality and Morbidity Review Committee; Certified Nurse Midwife and a Fellow of the American College of Nurse Midwives; former Director of Midwifery Services at Harlem Hospital

Dr. Sheindel Ifrah Goldfeiz, DO.
Pediatric Neurology; Chief Operating Officer and Financial Officer Jewish Orthodox Women's Medical Association

COMMITTEE ON WOMEN AND GENDER EQUITY JOINTLY WITH COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION

A P P E A R A N C E S (CONTINUED)

Sarah March,
Program Director at Samaritan Daytop Village Young Mothers Program; Credentialed Alcoholism and Substance Abuse Counselor and Licensed Mental Health Counselor

Lorena Kourousias,
Executive Director of Mixteca; Psychologist and Social Worker

Odessa Fynn,
Licensed Midwife, Co-Chair NYC Midwives
*****Speaking on behalf of Midwife, Dr. Mimi Niles

Andrew,
Representing self

Trinisha Williams,
Certified Midwife; President-Elect of the American Association of Birth Centers; Board Member of Lamaze International; Board Member of the American Midwifery Certification Council

Allie McGerigle,
Center for Baby and Adult Hygiene Products

Elisa Benusa,
Government Relations Manager at Planned Parenthood of Greater New York

SERGEANT MORENO: This is a microphone check for the Committee on Women and Gender Equity jointly with the Committee on Mental Health, Disabilities and Addiction; located in the Chambers, recorded on Tuesday, June 25, 2024 by James Marino.

SERGEANT AT ARMS: Good morning, and welcome to today's New York City Council Hearing for the Committee on Women and Gender Equity, jointly with the Committee on Mental Health, Disabilities and Addiction.

At this time we ask that you silence all cellphones and electronic devices to minimize disruptions throughout the hearing.

If you have testimony you wish to submit for the record, you may do so via email at testimony@council.nyc.gov, once again, that is testimony@council.nyc.gov.

At any time during throughout the hearing, do not approach the dais.

We thank you for your kind cooperation.

Chairs, we are ready to begin.

CHAIRPERSON LOUIS: (GAVELING IN)

Good morning, and welcome everyone. My name is Farah Louis, and I am the Chair of the Committee on

Women and Gender Equity. I would like to thank my colleague, Council Member Linda Lee, Chair of the Committee on Mental Health, Disabilities, and Addiction for co-chairing today's important hearing on *Oversight - Physical and Mental Health Supports for New and Expecting Parents*.

Today we will also be hearing a very long list of important legislation, so stay tuned, related to the topic of parental supports, including Intros 891, 892, and 893 and Resolutions 409 and 410. I have sponsored Intro 890 and Resolutions 402, 403, 404, 405, and 406, sponsored by Council Member Lee, as well as Intro 551, sponsored by Council Member Riley; Intro 867, sponsored by Council Member Farías, and Intros 869 and 912, sponsored by Council Member Gutiérrez; Resolution 133, sponsored by Council Member Menin; Resolutions 229, sponsored by Council Member Brewer, and Resolution 293, sponsored by Council Member Stevens. I know that was a lot.

Physical and mental health plays an important role in becoming pregnant and birthing a child -- as well as caring for a child. Parental health not only impacts parents, but also has an impact on the health of children and entities, such as the World Health

Organization that called for the promotion of parental health throughout the various stages of child rearing. This includes attending to medical conditions that can negatively affect pregnancy and mental health prior to becoming pregnant -- including conditions such as endometriosis and PCOS, which continues to be undiagnosed and disproportionately impacting communities of color and low income communities.

Caring for one's physical and mental health continues throughout pregnancy and postpartum. More than half of pregnancy related deaths occur after a child is born, and these deaths have increased in recent years with Black and Native American persons being two to three times more likely to die from pregnancy related complications.

Common physical postpartum complications include cardiovascular diseases, infection, hemorrhage, blood clots, stroke, preeclampsia, and amniotic fluid embolism. Although deaths related to these causes can be preventable, death may still occur due to lack of follow-up health appointments.

I would like to thank the members of the Administration, the advocates and members of the

public, especially with lived experience, who have joined us today. We appreciate the testimony you will provide. I also want to acknowledge that the representative from DCWP has to leave after questioning.

I would also like to thank members of my own staff, Daniel Heredia and Blake Shaw, as well as our committee staff, committee counsel, Sahar Moazami, and Cristy Dwyer, Senior Legislative Policy Analyst for their important work on this hearing.

Now I'll turn it over to Chair Lee for her opening remarks.

CHAIRPERSON LEE: Thank you, Chair Louis.

Good morning, everyone, my name is Linda Lee, Chair of the Committee on Mental Health, Disabilities, and Addiction. And, as Chair Louis mentioned, we are here to discuss an extremely important topic: *Physical and Mental Health Supports for New and Expecting Parents*, as well as a variety of related legislation.

I'm particularly excited to hear my bill, Introduction 890, which would create a three-year pilot program that would establish postpartum support

groups with a special focus on postpartum mental health.

We'll also be hearing Resolutions 402, 403, 404, 405, and 406 all of which relate to improving the current mental health landscape for new and expecting parents in New York -- particularly around mental health screening and screening reimbursement, as well as increasing access to postpartum mental health services.

The period after child birth brings about significant emotional, physical, and psychological changes. Becoming a new parent is wonderful, but it is also extremely challenging -- and I can say this firsthand experience with my two kids. There's a lot of stigma still in many of our communities that we don't talk about both, uh, in trying to get pregnant, pregnancy, as well as birth, and after birth, and postpartum. And we don't talk about the emotional and psychological challenges of postpartum life as much as we should, leading many to suffer in silence while trying to navigate life with a newborn.

And in addition to that, once you're out of the hospital, after two days, they send you home not knowing what to do ,you know, breast feeding issues,

complications, there's a whole host of things that come with that. And, also, I think the lack of culturally linguistically sensitive services are also another challenge that many of our communities face.

One in five new expecting birthing parents are affected by perinatal mood and anxiety disorders, or PMAD. PMAD includes depression, anxiety, OCD, PTSD bipolar disorder, psychosis, and can occur either during pregnancy or up to one-year postpartum.

However, according to the Motherhood Center of New York, over 50 percent of new and expecting birthing parents with PMAD go undiagnosed, mainly due to feelings of guilt, shame, and stigma over how new parents should be feeling.

My hope is that by talking about these difficult issues, and by learning from the experts on how we can best support new and expecting birthing parents, we can start moving towards a world where everyone can experience the joy of starting a family without guilt, fear, or shame.

By holding this hearing today, and by hearing the numerous pieces of legislation on this issue, we are taking one step closer to achieving this goal. And this will not be the end of this conversation.

I want to conclude by thanking Chair Louis, as well as my staff, and the committee staff for their hard work for this hearing.

I would also like to thank members of the administration, and especially the dedicated advocates and members of the public who are here to testify today, thank you so much for being here.

And now I will turn the mic back to Chair Louis.

CHAIRPERSON LOUIS: Thank you, Chair Lee.

Unfortunately, Council Member Kevin Riley couldn't be with us today, but he did provide remarks that I'll share for the record, and it's as follows:

"Thank you, Chair Louis, Chair Lee, and my fellow colleagues for your partnership in addressing matters so close to New York, to New York families, and essential to our community's overall well-being –the physical and mental health support for new and expecting parents. As we discuss several important pieces of legislation today, I champion my bill, Introduction 651, which would mandate the creation of pamphlets identifying mental health resources for individuals experiencing pregnancy loss, not necessarily limited to miscarriage, still birth, or termination.

Through the Department of Health and Mental Hygiene, these pamphlets would be a lifeline for countless families navigating one of the most challenging periods of their lives. Greatly affected by the overwhelming emotional and psychological toll of a disruption of pregnancy, individuals and their families are often left to navigate their grief without knowing where to turn for support. However, by providing clear accessible information, along with available mental health resources, this bill would offer a beacon of hope and support.

These pamphlets would serve as a critical tool, guiding individuals towards counseling services, support groups, and other mental health interventions that can make a sign significant difference in their healing journey.

Introduction 651 would aid our city in closing the information gap and providing pathways to wellness by also making this information available online in the designated citywide languages with regular updates. I am immensely grateful to my 19 other colleagues who are already supporting this legislation. By passing Intro 651, we acknowledge the

full spectrum of care that all individuals experiencing pregnancy loss deserve, thank you."

Now, I would like to acknowledge my colleagues that have joined us today, Council Member Bottcher, Majority Leader Farías, Council Member Cabán, Council Member Mealy, and Council Member Gutiérrez.

I now invite the representatives from the Administration to offer testimony, and I will administer the oath. Everybody ready? Great. Do you affirm to tell the truth, the whole truth, and nothing but the truth, before this committee, and to respond honestly to council member questions?

PANEL AFFIRMS

CHAIRPERSON LOUIS: Perfect, you may begin.

DR. HAYES: Good morning, Chairs Lee and Louis, and members of the Committees. I am Dr. Leslie Hayes, Deputy Commissioner for Family and Child Health at the New York City Department of Health and Mental Hygiene, known as the Health Department. Thank you for the opportunity to testify today. I am pleased to be here with my colleagues Marnie Davidoff, Assistant Commissioner for Children Youth and Families; Louison Laura, Assistant Commissioner for Maternal, Infant, and Reproductive Health; Dr.

Zahirah McNatt, Assistant Commissioner for Brooklyn Neighborhood Health; and Carlos Ortiz, Deputy Commissioner for External Affairs from the Department of Consumer and Worker Protection. And we're going to discuss the Health Department's role in supporting the health, well-being, and mental health of expecting and new parents in New York City.

As the Council is aware, HealthyNYC is the City's vision for how to improve life expectancy and create a healthier city for all. The Department of Health is working with partners across the city to ensure New Yorkers are able to realize their full health potential, regardless of who they are, where they are from, and where they live. Supporting the health of birthing people is a critical aspect of this work. Extreme racial disparities persist in maternal mortality. Black birthing people are four times more likely than their white counterparts to die from pregnancy associated causes. Our goal is to address this disparity by reducing pregnancy associated maternal death rates among Black birthing people by 10 percent by 2030. This guides our strategies for health promotion of birthing people and their families.

The Health Department is focused on ensuring that every child, birthing person, and family recognize their power and is given the opportunity to reach their full health and development potential. This requires access to comprehensive, respectful care and accurate health information to empower families to make healthy choices.

The Department offers a number of programs that support the health of families who are expecting or have young children. The New Family Home Visits Initiative (NFVI) provide city-wide access to high quality home visiting services for new families with a focus on maternal mental health, chronic disease, and early childhood development. The initiative prioritizes first-time families in Taskforce on Racial Equity and Inclusion, (TRIE)neighborhoods, those who live in NYCHA housing in these neighborhoods, and in those who are engaged with the Administration for Children's Services (ACS).

NFHV home visiting programs include the Nurse-Family Partnership, which is an evidence-based home visiting program that connects first time expectant parents with trained nurses to promote healthy pregnancy outcomes, child development, economic self-

sufficiency, and independence. We also have the Newborn Home Visiting Program, which was significantly expanded over the last few years. Newborn Home Visiting provides educational home visits conducted by community health workers to address health needs, safe homes, safe sleeve support, and connects families to social services that are essential to the well-being of parents, children, and families. Home visitors are part of a multi-disciplinary approach supported by nurses, lactation consultants, and social workers, as well as referrals to ongoing external clinical services.

The third component of the New Family Home Visiting Initiative is the Citywide Doula Initiative known as CDI, launched in 2022 to increase access to no cost doula care to promote critical birth support at a sustainable wage for doulas. The initiative develops and sustains the doula workforce for New York City with free doula training for community residents and apprenticeship programs for new doulas and a fair wage to doulas for time spent in professional development and program meetings. Trained doulas support families in planning for child birth and welcoming their newborn. They also provide

education, screening, and referrals on infant feeding, safe sleep, bonding and child development, mental health, chronic disease, community health and social services to provide a well-rounded array of support for families. Our hope is that the CDI becomes a replicable model for cities and states seeking to reduce inequities in perinatal health outcomes.

The CDI also supports hospitals in creating doula-friendly environment through a collaboration with the Maternity Hospital Quality Improvement Network (MHQIN). MHQIN is a clinical community initiative that focuses on enhancing clinical awareness and practice change; elevating community voices in power, and supporting anti-racist hospital systems. MHQIN collaborates with community-based doula programs and maternity hospitals to integrate doulas into the maternity care team.

Additionally, the New York City Health Department's Action Centers offer an array of services dedicated to reducing health inequities and improving health outcomes for New Yorkers. Family Wellness Suites, located at Action Centers in Tremont, East Harlem, and Brownsville provide

welcoming physical spaces for families and babies to receive services, health education, and community resources. The suites offer programs such as birthing classes, breastfeeding support, childbirth education, newborn care classes, parenting classes, infant massages, reproductive health workshops, and referrals to social services.

Additional services offered at the Action Centers include fitness classes, nutrition and cooking classes, parenting workshop series, evidence-based diabetes workshops, introduction to therapy and referrals to culturally competent congruent mental health providers. These Family Wellness Suites are staffed by community health workers, lactation counselors, social workers, and other public health professionals. Our Family Wellness Suites are integral to disrupting systemic inequities, and are part of the City's plan to prioritize maternal and infant health. These suits help to give parents-to-be the skills they need to thrive on their journey and the strongest start for babies before and after their birth.

Another important pillar of our work is promoting access to comprehensive and respectful reproductive

health care, which is also critical to family health. The Abortion Access Hub is a cornerstone of the City's effort to ensure abortion access. The Hub is a small, confidential call center at the Health Department accessed either through 311 or by phone at 1-877-NYC-AHUB. The Hub assesses caller needs and provides referrals for abortion care in New York City. This is one of the many ways we provide outreach, education, support, and services regarding contraception, reproductive health care, abortion, and family planning.

Supporting the mental health of birthing people is also critical. To effectively promote the mental health and development of children and youth, we also make sure the caring adult in their lives are receiving the mental health and substance use care they need. Mental health conditions (suicide and overdose) are also the leading causes of death for pregnant and postpartum people in New York City. Addressing mental health conditions is central to promoting healthy maternal health outcomes. Access to mental health and substance use care, that is stigma free and supports people during dur pregnancy as parents, is critical.

The Health Department is scaling up our investments in this area. We recently launched a Perinatal Mental Health Initiative, which supports training and capacity building for Health Department teams who serve pregnant and birthing people-- such as home visitors, doulas, nurses, and social workers -- to improve their ability to recognize and respond to mental health and substance use needs. We have expanded the capacity of the Early Childhood Mental Health Network to provide perinatal mental health support to new and expecting parents. We've also begun to provide social work services through the New Family Home Visits Initiative. These social workers incorporate case management and referral to mental health care into newborn home visits. Additionally, the Nurse Family Partnership social workers provide up to 15 sessions of short-term therapy and connect patients with long-term mental health care.

I'll now discuss the foundation of the Health Department's current strategies in promoting the health of birthing people. The Maternal Mortality Review Committee, known as MMRC, monitors maternal health outcomes throughout the city. Structural racism and inequities in care, access, and quality

contribute to in extreme inequities. *The Maternal Mortality and Severe Morbidity Surveillance Reports* document the crisis of inequities and maternal health, and the Committee uses this information to provide recommendations to address them.

The Health Department reports on maternal mortality and morbidity data annually every September, in accordance with Local Law 188. This September, we will release a report covering a five-year period from 2016 to 2020. The Health Department will also release the annual updated data and new review committee recommendations based on deaths in 2021. We will hold a convening to reveal the five-year period data and recommendations and promote the work needed to achieve the HealthyNYC 2030 goal.

I want to share some examples of the kinds of recommendations the MMRC makes. Based on the review of 2020 deaths, the Committee selected 11 priority related recommendations that are related to the top causes of death of Black and Latina women and birthing people. These 11 Committee recommendations are a city-wide call to action for systems, facilities, providers, and communities working to eliminate preventable maternal mortality and racial

ethnic disparities in these deaths. These recommendations include training around anti-stigma, racialized and class-based responses to behavioral health disorders for providers who treat substance use or mental health disorders; patient center changes and oversight mechanisms for facilities; and community-based education and outreach around health implications of chronic illness in pregnancy and postpartum periods.

Before we answer your questions, I'd like to briefly discuss the legislation being heard today.

Introduction 651 relates to the creation and distribution of pamphlets identifying mental health resources available to individuals experiencing pregnancy loss. The Health Department agrees with the intent of supporting the mental health of birthing people at any stage in your life and appreciate Council Member Riley's attention to the topic. We are grateful for the dialogue with Council Member Riley and his staff, and we look forward to continuing our conversation to work on the bill draft and provide information on mental health resources in a sensitive and impactful manner.

Introduction 867 relates to prohibiting the sale of menstrual and intimate care products that contain unsafe ingredients. Our colleagues at the Department of Consumer and Worker Protection would be tasked with enforcing this legislation. We defer to them on the enforcement piece of the bill. The Health Department does not have the expertise to determine what products or chemicals are unsafe. These products are regulated by the federal government. We would like to discuss the legislation further with Council and our partner agencies.

Introduction 869 relates to the Mayor's Office of Community Mental Health (OCMH) providing a public campaign on parental mental health resources. The Administration is supportive of the goals of this legislation in ensuring new parents know what resources are available to them.

Introduction 890 relates to the establishment of a pilot postpartum support group program. The Health Department supports the intent of the legislation. We are also exploring innovative ways to promote the health and well-being of birthing people. Support groups generally can be great resources and sources of validation and support for people experiencing

challenging periods of life -- which postpartum can sometimes be. We do want to note the department maintains several programs related to maternal and parental support, including the Council-funded Healthy Women, Healthy Future program, which includes postpartum doula support. We also offer breastfeeding support groups, as well as one-to-one consultations during pregnancy, and the postpartum period. Additionally, we have several programs that support individuals' mental health during the postpartum period, several parenting support groups, and group-based support through Nurse-Family Partnership, and Newborn Home Visiting. We would like to have a further conversation with Council on the scope of this legislation. As written, this bill would require Contracting with a community-based organization to provide clinical aspects in a manner beyond the scope of the multiple existing programs DOHMH maintains to support mothers during pregnancy and the postpartum period.

Introduction 891 relates to The Maternal Mortality And Morbidity Review Committee. As previously mentioned, the Health Department's annual *Maternal Mortality And Severe Morbidity Surveillance*

Report already captures the activities of the review committee. We are unsure of the intent behind posting the names of such review committee members online, and would want to ensure those individuals provide consent to have their names published. We look forward to working with Council on the specifics of this bill.

Introduction 892 relates to employers posting their lactation accommodation policies online. The Administration supports the intent of this legislation to increase employee awareness of their rights, but would suggest a more flexible approach so that employers can effectively reach their employees.

Introduction 893 relates to establishing a screening program for endometriosis and polycystic ovarian syndrome known as PCOS. The Health Department supports reproductive health care, health literacy, and preventive services for PCOS and endometriosis. We have concerns with this bill for the following reasons: it is not clinically appropriate or possible to quote unquote "screen" for endometriosis or PCOS as described in this bill. This bill proposes a screening program; however, "screening" is done when there are no presenting symptoms. These conditions

require diagnostic tests. PCOS diagnosis may require multiple special visits, blood work, and ultrasounds. Diagnosis requires a clinical team approach, because this is not a singular test that can be used to make the diagnosis. Endometriosis diagnosis also requires multiple visits, imaging, tests, and surgery. The Health Department does not provide the clinical diagnostic and treatment services required and is not the appropriate entity to house such a program. A diagnostic program as proposed would need to be conducted by a health care facility or a hospital. The Health Department does promote public education regarding endometriosis, PCOS, and other reproductive health conditions. Our website provides information about these two conditions and their symptoms. The web page includes links to find clinicians to help diagnose and manage these conditions as mandated by Council. We actively provide outreach, education, support, and services on reproductive health, contraception, abortion, family planning, HIV and STI testing, prevention, and treatment. This includes related health education to individuals with low incomes who are undocumented and/or without insurance

through our Sexual Health Clinics, Abortion Access Hub, and NYC Teens Connection.

Introduction 912 relates to requiring the Department of Social Services to develop parenting resource materials and The Health Department to distribute such materials to new parents and guardians. The Health Department already includes health and safety resources for parents in mailings of newborn birth certificates. We would like to have further discussion with Council on the scope of this legislation and the most appropriate way to reach new parents and guardians to provide this information.

The Health Department remains committed to promoting the health and well-being of birthing people and their families. Thank you for the opportunity to be here today to address this important topic. We look forward to answering your questions.

CHAIRPERSON LOUIS: Thank you for your testimony.

We've also been joined by Council Member Marmorato and Council Member Abreu.

You've addressed some of the, uh, questions that I have in your testimony, but if you could reiterate some of them.

I'll start with the overview of current programs and access to quality healthcare services being essential for promoting parental and child health.

Can you provide an overview of the types of programs and initiatives that DOHMH has in place to target individuals who are planning on child rearing in the future and how DOHMH is informing those individuals of the importance of physical and mental health in the leadup to pregnancy?

DR. HAYES: Sure, thank you for that question, Council Member Louis. As mentioned in in my testimony, the Department of Health has multiple programs that are available to new and expecting parents. And we have these programs that are part of our New Home Family Visiting Initiative, which includes the Newborn Home Visiting Program, as well as our Nurse-Family Partnership Program and our Citywide Doula Initiative. These are home visiting programs, as mentioned in the testimony, that provide support in different ways. Our New Family Home Visiting Program, or I should say the Newborn Home Visiting Program, should say the newborn home visiting program support supports new parents with safe sleep education, breastfeeding education, how to

provide a safe home for themselves and their families, our Nurse-Family Partnership Program, which is an evidence-based federal program. It is a program that also provides home visiting services to first-time expecting parents. You are allowed to... you are eligible, I should say, to participate in the program as a first time expecting parent. Usually the mother is enrolled into the program between up until I should say, up until her 28th week of gestation. And she is then linked to a trained nurse who works with this mom and her family on preparing for the expectant child that they are having. And then the Citywide Doula Initiative is a service that provides increased access to doulas for expecting parents and pregnant and birthing people. And I have my colleague, Dr. McNatt, who could speak more to the Citywide Doula Initiative.

DR. MCNATT: Hi, good morning,

CHAIRPERSON LOUIS: Good morning.

DR. MCNATT: Thank you so much for your time today. As mentioned, the Citywide Doula Initiative was launched in 2022. It is an exciting and powerful opportunity for women and birthing people to have free access to doulas for their pregnancy, for their

birth experience, and for their postpartum journey. the Citywide Doula Initiative has three components. One is the free access to doulas. The second is the training of that workforce and the support for folks within our communities to be able to choose this as a career opportunity, uh, to help with cultural congruency for folks who want to have doulas. We also do a lot of training once you are already a doula, uh, building upon your skill set. So, today I hear a lot of conversation around perinatal mood and anxiety disorders and a number of other domains. So we do a lot of training in that area for doulas. Then, the third component, as Dr. Hayes testified, was around the hospital doula relationship. So, we are working with hospitals around the city to help improve policies and practices in the hospital setting, so that doulas feel comfortable and can play their role well as a partner to the pregnant, uh, birthing person. So, the Citywide Doula Initiative is an amazing opportunity for folks across the city, thanks so much.

CHAIRPERSON LOUIS: Thank you.

How is DOHMH ensuring the information about programs related to prenatal care reaches the

populations that need them the most, particularly in underserved communities? You mentioned the in your testimony the Perinatal Mental Health Initiative, Abortion Access Hub, but how are folks finding out about these programs?

DR. HAYES: Thank you again for that question, Council Member Louis. One of the ways... The Health Department is very focused on making sure that we get information out into our communities about the various programs. And we do that through multiple different mechanisms. As mentioned, we do have a website where there is available information there. We are in hospitals providing services, and we disseminate information in that manner as well. And through the actual programs that are available, we are getting the information from clients who self-refer and share the information. We also have within our programs a component called Birth Justice Defenders, even though they focus on reproductive work, but they also provide pamphlets in the communities on all of the services that we have available. So, we're doing multiple different mechanisms, uh, website, person to person, through referral sources, many different media channels.

CHAIRPERSON LOUIS: Thank you for that.

And we're glad to see that the Administration is working diligently to address disparities by reducing maternal health deaths by 10 percent by 2030.

I wanted to know if you could share with us the metrics or the evidence base in order to get there?

DR. HAYES: The goal for HealthyNYC is of course to increase life expectancy for all New Yorkers, uh, increasing life expectancy to 83 by 2030 is the vision for HealthyNYC. HealthyNYC has multiple different indicators one of which you mentioned, uh, being the maternal mortality where we are looking to reduce pregnancy associated maternal deaths among Black women by 10 percent by 2030. And we also have other indicators that are also part of the HealthyNYC agenda, including decreasing cancer rates, addressing chronic disease, cancer and diabetes, and COVID-19 as well. And the HealthyNYC agenda is new, and we will be monitoring it as far as the pregnancy associated decrease by 10 percent by 2030. That is addressed, and we are looking and monitoring maternal deaths through our MMRC program, or I should say the MMRC Committee -- the Maternal Mortality Review Committee. As mentioned, this is a committee that actually began

in 2018; it is a multidisciplinary committee of 46 members who review every maternal death that occurs in New York City. And through their review, they come up with recommendations on how to impact and make changes, so that we can prevent these maternal deaths. And they put their data into reports, as I mentioned in the testimony, we will, in September, be producing the five-year report, which will have data from 2016 to 2020. And we will also do our annual report on the data for the year of 2021.

CHAIRPERSON LOUIS: Thank you. So, you mentioned indicators. but didn't give what your indicating or the metrics for the questions. So, I'll ask it another way regarding a program.

So, for a New Family Home Visits Initiative, what metrics are being used to evaluate the program?

DR. HAYES: So, with our home visiting programs. as I mentioned, we have Newborn Home Visiting, we also have the Nurse-Family Partnership Program, and with our Nurse-Family Partnership Program, the metrics that we look at are increasing immunization rates among the children, and we've seen with our Nurse-Family Partnership Program that those who have participated in the Nurse-Family Partnership Program,

their children's immunization rates are up to date by 89 percent versus children age matched that have not participated in the Nurse-Family Partnership Program. We also looked at screening for developmental delays, and we saw that members who participated in the Nurse-Family Partnership Program had their screening done by 65 percent versus those who were not in the Nurse-Family Partnership Program, who only had screening rates at 38 percent. Something else we looked at is fewer closed pregnancies among the mothers who participated in the Nurse-Family Partnership Program versus those that did not. And what was noted that 87 percent of mothers who participated in the Nurse-Family Partnership Program had fewer closed pregnancies than those that did not. And that number was, as I mentioned, 87 percent versus 64 percent for the United States overall.

We also looked at client satisfaction, and we found that, based on data from January to June of 2023, 100 percent of patients would recommend Nurse-Family Partnership Programs, 100 percent said that their nurse helped them with the health of their baby, and 100% of them said that they found ways that

were helpful in them being able to reach their goals be getting a job or going back to school.

CHAIRPERSON LOUIS: Thank you. And my last question before I turn it over to Chair Lee, regarding the Citywide Doula Initiative, and you did highlight some of it earlier, I wanted to know if you could share how successful the program has been the... initiative has been in training community members as doulas? And if you could share those numbers and those metrics -- and what criteria is being used to select and train these individuals?

DR. MCNATT: Thank you so much for the question on the Citywide Doula Initiative. We're really excited to share that we have met all of our metrics around the number of folks that we wanted to train. So, in the first year we were able to train the 50 that were our original commitment and have since done more. WE are really proud that the doulas that we’re able to recruit meet a couple of different important parameters. So, one is a strong interest in maternal health generally, often they have played some other kind of support role informally within their communities. We are also recruiting from the communities that have the greatest experience of

maternal health inequity, so we have diversity in language, diversity in immigration status, diversity in many ways in order to mirror the population that we're serving. We're also really excited that doulas have the opportunity to continue growing in the career once they are trained in that first experience, so the Citywide Doula Initiative offers continuous training, once you've become a doula, whether it's in birth equity and birth justice, whether it's understanding structural racism and maternal health, or it's very specific hands-On skills that are supportive to a pregnant person, and then a lot of investment through the perinatal mental health initiative, in expanding knowledge around perinatal mood and anxiety disorders, and being able to make referrals.

CHAIRPERSON LOUIS: Thanks so much.

I just want to... I have a followup to that, so what are the measurable outcomes that have been achieved through this initiative using these doulas? What are the measurable birth outcomes on breastfeeding rates -- because they're learning all of that through the program -- and parent-infant

bonding and all that, do you have the numeric outcomes of that?

DR. MCNATT: For the Citywide Doula Initiative, similarly to some of the other programs, we measure pre-term birth, low birth weight, C-section rates, breastfeeding rates; we also measure PMADs and PMADs referrals, and then compare those rates to the rest of the City and to comparison neighborhoods. And in many of those we're performing better than the City or better than comparison neighborhoods. I could get you the specific statistics for each measure, either quarterly or the annual rates offline if that's appropriate.

CHAIRPERSON LOUIS: Yes, quarterly and yearly would be helpful, we appreciate it.

I'm going to hand it over to Chair Lee. Thank you much.

CHAIRPERSON LEE: Thanks. I'm going to go a little off script, and just go through some questions that I had as you were reading the testimony.

So, just in general, with all these initiatives that you have, I was wondering if you could give us a breakdown. Because, I'm just trying to figure out capacity wise what your level of being able to serve

number of clients looks like in the City. I just wanted to know for each of the home initiatives and the Nurse-Family Partnership Program, Newborn Home Visiting Program, the Citywide Doula Initiative, and ,you know, I'll get into the Action Centers and the Family Wellness Suites later. But, how many of the boroughs are you in, as well as for each of these initiatives, how many staffers do you have? Is it mostly community health workers? Is it also social workers, nurse practitioners? What does the breakdown look like, and if you could just give us more of a breakdown of each program and what that looks like?

DR. HAYES: Thank you for that question, Council Member Lee.

The home visiting programs, the Newborn Home Visiting Program, focuses on TRIE neighborhoods, NYCHA, residents who live in NYCHA housing, as well as those with association with ACS. Our Nurse-Family Partnership Program focuses on new mothers. And the Nurse-Family Partnership Program, and I and also turn this to my colleague, Laura Louison -- but the Nurse-Family Partnership Program is in all five boroughs. And the Newborn Home Visiting Program, I don't want

to mix up the information, so I will allow my colleague Laura Louison to answer that question.

CHAIRPERSON LEE: And if you could also mention how many NYCHAs and how many TRIE neighborhoods and all of that if you have the data?

ASSISTANT COMMISSIONER LOUISON: Sure, I'm happy to, and thank you for the question, Chair Lee.

We're really excited to talk about the success of the program, because since launching in December of 2021, our coordinated intake and referral system has referred over 23,000 families to home visiting programs, and 14,763 families have enrolled in home visiting programs. And that's a very good success rate for enrollment from referral.

I'll talk about Nurse-Family Partnership Program and our Newborn Home Visiting Program, and then I'll hand it to my colleague, Dr McNatt, to talk about the Citywide Doula Initiative.

CHAIRPERSON LEE: Sure, sorry, when you say referral, where are those referrals coming from?

ASSISTANT COMMISSIONER LOUISON: Sure. We work with a number of many partners across the five boroughs to take referrals through our coordinated take and referral network, We also identify new

infants through vital statistics, through the birth certificate, to be able to identify families who might be eligible for home visiting services. So, we're trying to cast as wide a net as possible, in ensuring that all New Yorkers have access to support in-home if they choose it.

I'll talk about Nurse-Family Partnership first. Our Nurse-Family Partnership Program is the largest in the country, I'm really proud to say that in the past fiscal year in the first three quarters of FY24, we served 2,242 families and conducted over 20,000 visits. That's just the first three quarters. We have Nurse-Family Partnership programs across the five boroughs, in addition to our targeted Citywide initiative, which is an intensive Nurse-Family Partnership Program model that focuses on families who are living in DHS shelter, are justice-involved, or working with ACS.

Nurse-Family Partnership is staffed by nurses, many of our nurses have master's degrees and are nurse practitioners as you referenced. They are supported by a team of licensed clinical social workers who provide additional mental health support, up to 15 in-home sessions of mental health care for

clients who need it, and then can link those clients out if they need additional support after the 15 sessions.

Our Newborn Home Visiting Program is a more targeted short-term initiative that serves families after the birth of the child. In those intense and sometimes scary days, after you bring your new baby home, community health workers in our Newborn Home Visiting Program are in all 33 TRIE neighborhoods. across the five boroughs, and they provide up to four visits to families. They are supported by a team of clinical social workers and registered nurses and IBCLS, which are Board Certified Lactation Consultants. So, if families need additional support beyond that which the community health worker can provide, they can call in their colleagues on the multidisciplinary team, whether that's a nurse supporting a family who has a chronic health condition, a social worker to provide additional screening and referrals for someone struggling with paranal mood or anxiety disorders, or an IBCLC if a family is struggling with breastfeeding, which is particularly challenging for almost everyone.

In the first three quarters of the past fiscal year, they've served over 5,000 families through that initiative. And I'm really happy to support that over 80 percent of those families were screened for anxiety and depression. And for clients who were indicated or asked for mental health support, 74 percent of them were connected to clinical care afterwards.

We can get you a further breakdown, if it would be helpful after the hearing, around the numbers for ACS-involved families or families living in shelter. And I am happy to answer further questions.

I'm going to hand it to Dr McNatt to talk about the families served through the Citywide Doula Initiative.

CHAIRPERSON LEE: And just to be clear, the services that you're talking about specifically are the New Family Home Visit uh the NFVI service, which is just for the TRIE and the NYCHA residents, right?

ASSISTANT COMMISSIONER LOUISON: That’s a great question. The New Family Home Visits Initiative is our overall umbrella for all of our home visiting programs.

CHAIRPERSON LEE: Okay.

ASSISTANT COMMISSIONER LOUISON: Within that, our Nurse-Family Partnership Program our evidence-based model; Newborn Home Visiting, which is the short-term postpartum intervention, and the Citywide Doula Initiative.

CHAIRPERSON LEE: Okay.

DR. MCNATT: Thank you so much.

As for the Citywide Doula Initiative, launched in 2022, this initiative serves more than a 1,000 people a year, and it is across all 33 TRIE neighborhoods, with a real focus on folks who are experiencing a lot of the structural disinvestment that exists in the City. So, we are particularly targeting folks who would benefit from having doulas, as well as other sorts of perinatal supports that are free and easily accessible.

CHAIRPERSON LEE: Are you recruiting the doulas through the community, and how do you sort of get that pipeline in?

DR. MCNATT: Sorry, can you repeat the question?

CHAIRPERSON LEE: So the doulas that you're hiring, because I know that there's trainings, there's folks, but where are you advertising in the communities, the local communities, how you're

reaching out, making sure that they're speaking the languages and understand the cultural competency?

DR. MCNATT: Yes, yes, so the doulas that we work with, about 200 of them, come through a partnership that we have with seven community-based organizations. Our CBOs are almost all Black-led, and women-led, and Latina-led, and are representative of the neighborhoods that we focus on across the 33 TRIE neighborhoods. They help us in recruiting folks who would like to become doulas. We also have lots of other relationships with hospitals, federally qualified health centers, faith-based organizations. So, those are the ways that we find out who would like to become a doula. We almost always have a waiting list for all of the trainings, and our doulas mirror the communities that we're serving, uh, both in race and ethnicity, but also in language, also in lived experience, in socioeconomic status, and other domains. And, then, in addition to that, we also part of the way that we get clients as well, are through some of those relationships, and then also through referrals, as the other programs have described, from clinical settings, like hospitals, ferally qualified health centers, and other clinical settings.

CHAIRPERSON LEE: And speaking of that, and this is just for overall programming when it comes to all the maternal programs, just out of curiosity, if you take two steps back, I was just wondering what the partnerships look like and the outreach, because I think one of my biggest pet peeves, which I've said multiple times in past hearings, is that the different silos that we have. So, how are you working with the FQHCs, as you mentioned, because there's quite a few of those in in the community, as well as any sort of outpatient clinics, the private hospitals, on top of H&H, right? Because, there's a lot of folks.... and I just wonder, on the education and outreach piece, how that messaging is getting across, how folks can know to even access some of these services if they need it, because I don't think a lot of folks in the community are aware. And it sounds like you have some really great things that you're doing, so I just want to make sure that it is sort of getting out there that these programs and services are available.

So, I just wanted to see how that if... there are... like, are you working with GNYHA, Greater New York Hospital Association, or any of these other

groups that are private, yes, and I know that you're... we're the City, but still I think there are a lot of a lot of private ,you know, public partnerships that could benefit in accessing these health services.

DR. MCNATT: Sure, I'll answer for the Citywide Doula Initiative and perhaps similarly for some other programs.

I think some of the basic responses first on how people find out, uh, one is the website ,you know, two is social media. We have a lot of outreach teams, so we actually hire staff, and a large portion of their role is to be out in the community, at DHS shelters, at federally qualified health centers, at hospitals; meeting, greeting, discussing both with potential clients, but also with the staff in those facilities. And that's H+H, non-H+H, and otherwise. We also leverage local media to the best of our ability. So, we have ,you know, been able to utilize local media support to be able to share and make sure that folks, while they're watching the nightly news, are hearing announcements of different kinds of programming that's happening in their neighborhoods. So, that's sort of, I think, the general kind of easy

way into marketing and communication to the community. Then, I would say the second is that we have formal and informal contractual and non-contractual relationships with a number of clinical partners, community based organizations, and others. So, messaging goes out through those channels as well. For an example, for the team that I manage, we probably partner with about 600 different organizations across the city, they frequently receive communication for us in order to share with their clients and the people that they serve. So those are a few examples that come to mind. I would say for the Citywide Doula Initiative, we actually are functioning above our maximum capacity, so we know people know about us, and we actually don't have ,you know, yet, the capacity to continue to serve thousands and thousands more, which will be a future goal.

CHAIRPERSON LEE: And how many languages are actually spoken out of the staffs ,you know, whether it's the CHWs or the doulas, how many, just out of curiosity, how many different languages are being spoken? And in terms of the, both the folks that are

doing... providing the services as well as in terms of the outreach piece.

DR. MCNATT: I'll answer for the Citywide Doula Initiative, particularly in the communities that we serve, we're very focused on the languages spoken in those neighborhoods. So, for example in North and Central Brooklyn, we focus on French, Spanish, Haitian Creole, uh, in other parts of the city, we focus on other languages. We have staff as well as doulas who speak those languages. We also have hired interpreters, and we also do translation of our materials into the top languages spoken in each neighborhood.

CHAIRPERSON LEE: So, just to go back to... sorry real quick, uhm, I know that you mentioned the Action Centers, and also the Family Wellness Suites, so how many of those total do you have in the city?

DR. MCNATT: Sure, thank you. So, we have three Action Centers in the city, one in Brownsville, Brooklyn, one in Tremont, and one in East Harlem. Then, as a result, we have three Family Wellness Suites, one in each of those locations.

CHAIRPERSON LEE: Okay, those neighborhoods are selected, as I'm sure the Council is aware. North

and Central Brooklyn, the South Bronx, and then East and Central Harlem are some of the most disinvested neighborhoods in New York; they are part of the TRIE catchment, but they're also even more targeted, uh every health indicator that we look at for those three neighborhoods are in a more severe experience than the rest of the city, which is why the Action Centers are there and then why the Family Wellness Suites are there.

CHAIRPERSON LEE: Just thinking outside the box, because this has nothing to do with DOHMH, but I know that the Community Schools at DOE for example, are hubs where they offer a whole host of services and programs, and that's naturally where parents and families are coming. I know that it's with children, but also it could be ,you know, future parents and expecting moms that have multiple children. So, I was just wondering, is there a natural partnership there, because I know that a lot of the Community Schools also are in possibly some of the TRIE locations as well. I'm just trying to think through, because I'm always thinking how we gain the most amount of access and outreach as possible. So, how do we use the tools already that we have at the City to do as much

outreach as possible? So, I just wanted to know if that was just something that...

DR. HAYES: There's definitely a connection between the community schools and them getting information about the services that are available. We have a lot of things on the New York City Public Schools website talking about the services that we have available through our early intervention programs. We have a strong relationship with New York City Public Schools, and through that relationship, through the Early Intervention Program that ,you know, services children between the ages of zero and three, we also are able to set up referral systems and share with the parents and the school system what other services are available through the Department of Health as well. So, even though the initial connection may be through early intervention, there's a full referral service that's available to other programs within the agency once the family has been identified and you can see what other services they may need as well.

CHAIRPERSON LEE: Perfect, because that was actually one of my questions. So, the Early Childhood Mental Health Network is definitely, as you were

saying, one of the pipelines for the Perinatal Mental Health Initiative, right? So, that's one way, and then, uh, just curious what the numbers served in this program looks like as well as what other referral sources you're getting through this initiative?

DR. HAYES: You're talking about the...

CHAIRPERSON LEE: The Perinatal Mental Health Initiative, sorry skipping...

DR. HAYES: So, the Perinatal Mental Health Initiative, which was launched in January 2019, is an initiative that supports training and capacity building for DOHMH teams who serve ,you know, pregnant and birthing persons. And this capacity building is a way to reduce barriers to mental health clinical services. We have served, to date, 150 pregnant, and postpartum families have received the evidence-based services of the Early Childhood Mental Health Network. We've seen mental health conditions, and we know that they are significant within these families. And being able to support them is very important. I do want my colleague, Marnie Davidoff, to speak a little bit to the Early Childhood Network Program.

ASSISTANT COMMISSIONER DAVIDOFF: Yes, I'm happy to speak some more about that, thanks so much for the question.

As Dr Hayes said, this initiative is really intended to both open up and increase access to perinatal mental health treatment through, as you described earlier, our early Childhood Mental Health Clinics, which we're already providing care to the parent or caregiver as an individual if needed in addition to the (INAUDIBLE) care that they were offering to the young child and parent. So, this was an opportunity for us to expand the perinatal mental health component of what's offered through those clinics, and to do so through this very important partnership you were just referring, to Chair Lee, with the new Family Home Visiting Programs. Because we know that they are in the communities, they are in ,you know, are really building trusting relationships with families and identifying the need for mental health care. So, we've developed this partnership, and this is, I should say, very new. This just really launched recently, and it has these two components. So, one of them is to do training and capacity building for the whole variety of workforce that now

my colleagues have described in those programs. And training capacity building on mental health, essentially, issue, then it is to create these referral pathways into our Early Childhood Mental Health Network, so that when a doula or a home visitor identifies someone who needs the care in a clinical setting, they have these relationships with our clinics to make those referrals into them.

CHAIRPERSON LEE: Just to follow up to that, so when I when I saw up to 15 sessions of short-term therapy, and connect patients with long-term mental healthcare, I was, like, wow, because our insurance doesn't... definitely doesn't cover that many sessions. So, I am just wondering how is that supported? Is it through Medicaid dollars? Is it coming from the state? And is it something where let's just say someone doesn't have health insurance, so I'm assuming that that is something that you help set them up with, or refer them to a clinic that has sliding scale fees, or any that if they need further assistance with?

ASSISTANT COMMISSIONER LOUISON: I'm happy to answer that, Chair Lee. We are trying to expand access to mental health care through a variety of

different systems; and the 15 short-term visits that you're describing, those are provided for our Nurse-Family Partnership Program clients. We have an embedded social work team in our Nurse-Family Partnership Program. They are providing those 15 sessions to anyone enrolled in the program, regardless of insurance status. I will hand it to Marnie to talk a little bit about the billing mechanisms through the Early Childhood Mental Health Network... (CROSS-TALK)

CHAIRPERSON LEE: Yeah, I'm very curious about that.

ASSISTANT COMMISSIONER DAVIDOFF: So, through the Early Childhood Mental Health Network, these are licensed Article 31 clinics, so they are going to accept the range of insurance that most Article 31 clinics... So, Medicaid, commercial there's a whole range of insurances accepted. Many of them ,you know, will offer a sliding fee scale for individuals who don't have insurance coverage, but yeah it's sort of consistent with what happens within the Article 31 Network.

CHAIRPERSON LEE: How many of the Article 31's are partnering with you?

ASSISTANT COMMISSIONER DAVIDOFF: We have seven of these Early Childhood and Mental Health Clinics in the City. And through this expansion we were able to enhance one of those clinics in each borough with these additional funds to increase specifically the perinatal mental health capacity.

CHAIRPERSON LEE: Great. I just have one more followup, and then I will hand it off to my colleagues. This was briefly touched upon in the testimony, but in terms of the screening that takes place in each of the programs, at what point ,you know, what does that screening look like in order to address the mental health piece, such as postpartum, anxiety, during and after pregnancy?

DR. HAYES: As we talked about, the programs have worked with the various different staff within these programs, the community health workers, the nurses to train them on using assessment tools to be able to identify PMAD and other perinatal mental health disorders. So, things like the PHQ-9 is used as part of the screening assessment for the families.

CHAIRPERSON LEE: Okay, that's what I was actually wondering if you use that, so, okay perfect. Then just as a comment or request I should say, because

you had mentioned 600 CBOs and partners that you're working with across the City, so, if possible, I'd love to see that list per initiative, because if there's any suggestions or recommendations that we have in order to maybe add a couple more on there, or if there are groups that we know of that maybe would love to be included in that and perhaps or not, if could work on that, then that'd be awesome... together. Thank you

CHAIRPERSON LOUIS: Thank you, Chair Lee.

Now we'll hear from Majority Leader Farías.

COUNCIL MEMBER FARÍAS: Thank, you chairs Louis and Lee, and thank you, Commissioners, for joining us... and teams for joining us here this morning.

As the New York City Council's Majority Leader, I'm proud to be in attendance for today's important hearing to discuss physical and mental health supports for new and expecting parents. I have my bill Introduction 867, prohibiting the sale of menstrual and intimate care products that contain unsafe ingredients, to be on the hearing schedule today.

It was in 2021 when New York became the first state to enact a menstrual product disclosure law

that required companies to list all intentionally added ingredients on packaging. Menstrual products, like pads and tampons, can contain a variety of chemicals, including endocrine disruptors, carcinogens, and other harmful substances. While this legislation was essential to providing rights to the consumer, it does not fully address the issue of such chemicals in menstrual care products. Menstrual products can contain toxic chemicals that can cause serious health problems such as allergic reactions, reproductive issues, and increased risk of breast cancer. Vaginal and vulva tissues are capable of absorbing fluids at a higher rate than skin, which can lead to a rapid chemical exposure with exposure, with exposure levels leading to chemicals being higher than any other parts of the body. And with the lack of clinical studies and funding for research, we have a very limited understanding about the long-term effects of the ingredients and additives that are in menstrual products. The unsafe ingredients my legislation would restrict include parabens, environmental phenols, fragrance, chemicals, volatile organic compounds, dioxins, and dioxin light compounds; phthalates are plasticizers found in

personal care products, and dioxins are persistent organic pollutants that can cause hormonal disruption and immune disease. With this legislation, I am plainly stating that we cannot continue to disregard women's health and can no longer wait for investments in research to protect our bodies. Chemicals like these are more often found in cheaper period products and, organic tampons and pads that advertise the absence of the chemicals cost a lot more. An organic brand at the drugstore can cost somewhere upwards of 40 percent more per tampon compared to a regular store brand. But we should not let the costs be a deterrent of health, wellness, and safety. That is why I'm proud to introduce this legislation today to keep menstruators, women, and girls in New York City safe from the unknown effects of these chemicals. This bill is a key part of our larger Menstrual Equity Bill package that I'm leading on in the City Council, and we continue to be a leader in menstrual equity nationwide. Thank you to again Council Member Farah Louis and Council Member Linda Lee for your commitment to this hearing and this legislation. I look forward to discussing it more today.

So, I just have a couple chemicals (sic), and I will start with DCWP first, because I know you have to go.

What steps... actually really quickly, do you folks get complaints around products impacting women's bodies, infections, expiration dates impacting health, anything like that from what we've seen?

ASSISTANT COMMISSIONER ORTIZ: Thank you for the question, Council Member. I think with respect to products, uh, complaints about certain ingredients, don't get those complaints. Albeit ... (CROSS-TALK)

COUNCIL MEMBER FARÍAS: Mm-hmm.

ASSISTANT COMMISSIONER ORTIZ: if this if this legislation were to pass, we would set up the protocols to take those in. I think historically we have received complaints with respect to deceptive trade practices, pricing, for example, that might be differential, uh, between different genders, but not with respect to the ingredients that are contemplated by this bill.

COUNCIL MEMBER FARÍAS: So, you folks have not had any complaints regarding purchase... like, sale of an

expired hygiene product or effects of any expired products?

ASSISTANT COMMISSIONER ORTIZ: We do enforce laws and rules with respect to over-the-counter medication, and there are violations that we issue for selling those types of products.

COUNCIL MEMBER FARÍAS: What steps, if any, are taken by DCWP when restrictions on certain ingredients or chemicals on products are put into place?

ASSISTANT COMMISSIONER ORTIZ: Thank you, Council Member. Let me start by saying that from an operation perspective, enforcing prohibited conduct like prohibited products or ingredients is something that I think operationally is something that we do. I think most recently, for example, Local Law 39, with respect to prohibited batteries and power mobility devices, is something we do. Ultimately, the mechanism is by identifying the products themselves, building them into, uh, enforcement checklists. And when we enter a premise, either based on complaint or on patrol, part of the inspector's task will be to review the premise for that product, and if it's observed, issue of summons.

COUNCIL MEMBER FARÍAS: Thank you.

I think one of the larger concerns that I have, at least from this perspective of the consumer and sailable product, is many times or not, I think the City is looking at what's a sell by date versus an expiration date. (TIMER CHIMES) And what products can actually be utilized or not. We have no research, no studies on the longevity of some of these chemicals. And while I think for the most part, people say you can use a pad, for example after its expiration date, we actually don't know what that does to a woman's body with all the chemicals in place. So, I'm trying to, at least with this legislation, look at things like that or maybe encourage our city, state, federal government to consider some of those. So, I appreciate your answers.

Chairs, I have a couple questions for DOHMH if I may? Thank you.

How many people... do we have the statistics for how many people die every year from cancer either caused by products or types of cancers most reported that are associated to these products?

DR. HAYES: So, thank you for that question Council Member Farías. As far as the number of people

dying of various cancers, that information we do collect. I would have to get those numbers back to you... (CROSS-TALK)

COUNCIL MEMBER FARÍAS: Would love to see that.

DR. HAYES: However, as far as, particularly related to feminine products... (CROSS-TALK)

COUNCIL MEMBER FARÍAS: Well, it won't be related to feminine... No one's going to say, "I got my cancer specifically from a feminine product." We don't have the research to determine that mostly. But, when we have women suffering from endometriosis or getting any sort of reproductive cancers, there have been, over studies for people with direct links to the types of products, or even something like toxic shock syndrome that happens from keeping a product in there too long. It's not the cotton that is causing that, it's the chemicals that are within those products. But, I'd love to see the breakdown of vaginal or reproductive cancers that we have, if any, statistics that we have, from DOHMH.

And do we have any data on the incidences of illness, infection, disease or that have been recorded by the City as having directly related to chemicals or materials and menstrual care products?

DR. HAYES: I'm sorry the question is whether we have any data on...

COUNCIL MEMBER FARÍAS: Any illnesses, infections, or diseases related, like, were recorded by having relation to chemicals and materials in menstrual or personal care products.

DR. HAYES: I would have to get back to you on that. I'm not able to answer that question at this time. I'm sorry.

COUNCIL MEMBER FARÍAS: That's fine, thank you.

Do you have any data on the adverse health effects that these products have on our youth or developing people, such as causing childhood or teenage cancers?

DR. HAYES: I would have to give back to you on that as well.

COUNCIL MEMBER FARÍAS: Okay, do we have any data on the rates of infertility caused by cancers and other diseases related to chemicals found in products in our City?

DR. HAYES: I would need to get back to you on that as well.

COUNCIL MEMBER FARÍAS: Okay, and I'm assuming it's the same answer, but for the sake of me putting

it on record, do we have any known knowledge of any adverse health effects have been recorded for newborns, or at least have been attributed in part to the chemicals found in their mother's menstrual products that she used before becoming pregnant and giving birth?

DR. HAYES: Once, again, I'd have to get back to you... (CROSS-TALK)

COUNCIL MEMBER FARÍAS: Okay, I will make sure to follow up with all of these, thank you... (CROSS-TALK)

DR. HAYES: On whether or not we have that, yes.

COUNCIL MEMBER FARÍAS: Okay, thank you so much, folks. And thank you, Chairs, for the additional time.. (CROSS-TALK)

ASSISTANT COMMISSIONER ORTIZ: Council Member, one thing I would like to mention, certainly be help for any operational work that we have to do, I know the bill has some ingredients that that are mentioned already in there, and I think that I defer of my colleagues in terms of some of those conversations that need to happen about those. But it would certainly be helpful if there is any information you all have about particular products we should be

looking at now, I know you mentioned there's limited research, but any kind of guidance that we could have... (CROSS-TALK)

COUNCIL MEMBER FARÍAS: Sure...

ASSISTANT COMMISSIONER ORTIZ: That would be really great in terms of, uh, I think taking a deeper dive into this legislation and any operational enforcement actions

COUNCIL MEMBER FARÍAS: Yes, I'm happy to share a variety of studies that have been done over time. I think the larger issue that women generally have with our health care, and the impacts on our bodies, is that the research happens or the funding happens for a short burst of time on 200 people -- 500 people --a thousand people, then after someone writes a note on what those effects were and who was impacted, no other research dollars are put into place to actually dictate how a woman's health or bodily health on a lot of these issues should continue on for the safety and wellness. So, I'm happy to share all of that stuff that we've done and some of the partners that we worked on to focus it on this piece of legislation. I think all in all, and it is one of the focuses of this Committee hearing, is to really start

honing in on the long-term impacts that women's bodies are having in our health care system that we have not been mindful to over decades. And we are more than half of the population and a majority of this body. So it's really important to make sure that we're raising these issues, and uplifting them in this way, and trying to find reasonable outcomes for the women of New York. So, I appreciate that. I'll make sure to follow up with all of you with my questions and any of the study and information that we have. Again, thank you, Chairs for the additional time.

CHAIRPERSON LOUIS: Thank you, Majority Leader.

Now we'll hear from Council Member Gutiérrez.

COUNCIL MEMBER GUTIÉRREZ: Thank you, Chairs, good to see everybody here. Shoutout to our Brooklyn Borough President, who's not missed a single one of these hearings.

I would like to ask the Administration, specifically regarding Intro 912, thank you, for your thoughtful testimony, and I just also want to uplift that the root of this bill really came from my district director, Angelica Colón, who had a very

traumatic pregnancy, and really felt like we needed to activate to get information to new parents.

Can you just confirm that the resources that are being provided by Department of Health and Mental Hygiene, can just confirm the kinds of resources? And does it include resources provided outside of the agency, perhaps from local CBOs that also provide postnatal resources? And then my second question about Intro 912, is how often that that series of resources is updated? And then I have a question for Dr McNatt.

EXECUTIVE VICE CHANCELLOR HENSEL: In regards to Intro 912, as I mentioned in the testimony, the Department does support the intent of the legislation. As mentioned, we include a one page flyer with the newborn certificates that go out. And these flyers contain resources for new parents.

COUNCIL MEMBER GUTIÉRREZ: So it's one page?

DR. HAYES: One page flyer... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: Can you or you can get it to me later, but do you have a sense of what are the resources specifically? Are they related to mental health, vaccination, childcare, what specifically is on that one page?

DR. HAYES: I would have to get back to you with that information.

COUNCIL MEMBER GUTIÉRREZ: Okay, sure.

And are you aware of how often it's updated, and if it's curated for kind of like the local area that that they're in?

DR. HAYES: I would say that one of the things that the Health Department does is focus on trying to make sure our literature is culturally competent and keeping it up to date... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: So maybe... You can back to me.

DR. HAYES: I'm going to follow up on those two things.

COUNCIL MEMBER GUTIÉRREZ: I appreciate your openness. I think in speaking with a lot of new parents and being a new parent myself, or maybe not as much anymore, I think there are a lot of existing resources. And what I learned in speaking with folks is that they're often not sure, they're not even aware that they exist. They're not sure how to access them, and it can just be really overwhelming to try to navigate different sites, call different numbers. So, the intent of the bill is really to streamline

it, one central place, to have something more specific in in alignment with cultural competency, but also just relevant to that community, relevant to that zip code. I would love to continue the conversation there.

I wanted to focus my next question to Dr. McNatt, good to see you. I know I'm really happy to hear about all the positive things that that are happening. We're anxiously waiting for their report at the end of the month.

DR. MCNATT: So the state of the doula report... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: Don't spoil it. I want to read it (LAUGHTER) but let me know... it's coming up this month... (CROSS-TALK)

DR. MCNATT: The state of the doula report is, and will be out by the end of the month, and so we're so excited that you all are so interested in consuming the content. It really highlights the work that has been done across all five borough, both the work that The Health Department has done, and also some of these extraordinary community based organizations that Council Member Lee asked about. So, you'll get to see a little bit about the Citywide Doula

Initiative, Healthy Women, Healthy Futures, more information about the new Medicaid coverage. So, it's an exciting time to be putting the report forward... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: Yes, look forward to it.

DR. MCNATT: It is on its way.

COUNCIL MEMBER GUTIÉRREZ: That's right, excellent.

Dr. McNatt, can you share more about the challenges that doulas are facing in hospitals, specifically, H&H versus private? How is the initiative supporting? And I recently chatted with a number of midwives in the initiative , and I think based on what you shared, they meet the criteria of like really caring about maternal health. So, I really enjoyed being able to chat with them. But, they were very honest about the challenges that they face when it when their presence counts towards the expectant parents' visitor count, uh, not being allowed by hospital administration to serve the parent, because they are working towards full certification, don't necessarily have it at that moment, which as you know, they need to work the

hours to be able to get the full certification. And then lastly, for the doulas and their initiative, are they reporting back if there's a difference in engagement with staff at these facilities, uh, hospital to hospital? Meaning that (TIMER CHIMES) one of the... I'm sorry.... meaning that, it's not it's not consistent, right? They are working in different hospitals, with different parents, with different new parents, and in one hospital they're welcomed in, and in one hospital they're being told they can't come in. So, that obviously makes their work challenging, but also just the experience for that expectant parent – So, if you're hearing from doulas on this, I would love to hear more from you and how the initiative is trying to create a uniform standard, in all the facilities, specifically for this initiative?

DR. HAYES: So, just before you answer Dr McNatt, you mentioned... You said some... you were talking and then you said midwives?

COUNCIL MEMBER GUTIÉRREZ: I'm sorry just doulas, I apologize, my bad... (CROSS-TALK)

DR. HAYES: Okay, because I wanted to just make sure that we understand the distinction between the two... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: Sure. I'm speaking strictly about the Citywide Doula Initiative. My apologies.

DR. MCNATT: Thank you so much for the question, and the clarification, and also for uplifting doula concerns, I think across the City.

The first thing I would say is that shortly we're coming out with a Hospital Doula Friendliness Guide Book for hospitals across the City to utilize. It helps with hospitals understanding what protocols have to change within the clinical setting in order to work well and partner well with doulas. So, I share that just to say that many hospitals, whether they're Health + Hospitals or other hospitals in the city, are in diverse places, and how ready they are to engage with a with a cadre of folks that are not employed by them. So... or often not employed by them; there are some models where they are employed.

So, first I'd say the guide book, I think, is going to be really helpful, along with the team that does that work. The second thing is... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: The guide book is for the doulas or...

DR. MCNATT: For the hospitals...

COUNCIL MEMBER GUTIÉRREZ: for the hospitals? Excellent...

DR. MCNATT: So that they can implement policies and procedures that allow for doulas to be present in the places and spaces that you have heard about in their feedback. I think some of the feedback we've heard from doulas has been something as hard as getting access to the clinical space with the client, or missing parts of the clinical experience where a clinician might say, "Can you leave the room for this part of the experience?" And doulas say, say, "Myself and my client have agreed I'm going to be part of the entire journey." The hospital doula-friendly component of CDI really focuses on working with clinicians across the range -- so nurses, midwives, physicians, also even administrators, to understand what the doula role is, what they mean as a companion, and where they should be within the clinical journey. And our sense is they should be... they should have access to the entire clinical experience, unless the client says, "I would like you to leave the room or not be part of a particular part of the of their birth journey."

The diversity of hospital responses to doulas is wide across the City. This is part of why I think the CDI is so helpful, because we're able to partner with hospitals, and partner with doulas, and move through a journey with those hospitals, with the Maternity-Hospital Quality Improvement Network, and helping them go from maybe a little bit of understanding about doulas, to greater understanding -- policies that hinder them from having access to clinical places and spaces, to policies that allow them to be in all of those environments. So , for each of those hospitals, they're in a different part of that journey. And we hope that the guide book and the growing team assigned to this work, will be able to continue to coach hospitals on their improvement, uh, and help to uplift the voices of doulas in those spaces to be able to advocate for the role that they're playing with their clients.

COUNCIL MEMBER GUTIÉRREZ: Are the doulas involved in the preparation of the guide book at all?

DR. MCNATT: Yes, so doulas, in addition to other clinicians within the hospital setting, have been contributors to the guide book, really excited to share it. It is an honest look at the current state,

and then it's also policies and procedures that help hospitals get better at this engagement. It's also the power of the data, so the data across the country really shows that doulas impact pre-term birth, low birth weight, C-section rates, you know, breastfeeding. And we are encouraging clinicians and administrators in hospitals to know that data, to be convinced by the power of what doulas bring to the space.

COUNCIL MEMBER GUTIÉRREZ: Thank you. Thank you, Chairs.

DR. MCNATT: Thank you.

CHAIRPERSON LOUIS: Thank you, Council Member Gutiérrez.

We will now hear from Council Member Brewer.

COUNCIL MEMBER BREWER: Thank you very much. This is an incredibly important topic.

I'm just here, because we have Resolution 229. I don't think the Governor has signed it. It would ease the systemic barriers in opening birth centers in New York.

I'm sure you know all of this, fully incorporating midwives into the United States maternity care systems could reduce healthcare

disparities and dramatically improve outcomes for childbearing people by potentially averting 41 percent of maternal deaths, 39 percent of neonatal deaths, and 25 percent of stillbirths; and out of the 345 birth centers in the U.S., New York State has just three, with two being in in Brooklyn -- everything's in Brooklyn. I never understand all that -- while the original intent-- was that you, Borough president? With the original intent, of the Governor's signing of 1414, on the state level, and 259-A on the assembly level, it was to facilitate the establishment of midwifery birth centers in the state. But, there are still significant barriers to opening these centers, and they're all listed in the Resolution. Rather than streamlining the licensing procedures and regulations to incentivize the creation of more midwife led freestanding birthing centers, several of the legislation’s provisions created additional barriers which are onerous, expanding access to birthing centers aligns with our city and our commitment to health equity -- all the great things you've been talking about today -- and reproductive justice.

So, by lifting restrictions to establishing more centers, we can ensure that every New Yorker has access to the birth experience that best meets their needs and saves lives.

So, I just don't know if you know anything about this state legislation, or if you have any opinion on it?

DR. HAYES: Thank you for that question, Council Member Brewer. The establishment of birth centers, and I heard you mention that they're all in Brooklyn, usually... (CROSS-TALK)

COUNCIL MEMBER BREWER: Well, it’s two out of three... (CROSS-TALK)

DR. HAYES: Two... (CROSS-TALK)

COUNCIL MEMBER BREWER: I did want to mention... I just I'm always teasing the Borough President... (CROSS-TALK)

DR. HAYES: That’s it's fine. The establishment of birthing centers, uh, require the input and the regulation, in a sense that you have qualified individuals involved in the establishment of these birthing centers. And you mentioned in your statement that it said midwives. I'm sure that we're all familiar with the different categories of

midwives? And that you definitely would want midwives who have the capacity and the appropriate training to be in birthing centers. Because that is important to the care of the patients that are that are being seen in these birthing centers. And also ,you know, birthing centers need to have other qualifications that they also meet to be able to function as well. So, my knowledge of the legislation that you are referring to is somewhat limited in that respect, but have had some conversations about what is needed to make sure that there is a success to the birthing center, and that there's also success to the patients who are attending those birthing centers.

COUNCIL MEMBER BREWER: Thank you.

I just hope we could have more discussion, but I appreciate your honesty. And we know how much you care about this issue in general. So, thank you very much.

DR. HAYES: You're welcome.

CHAIRPERSON LOUIS: Council Member Marmorato?

COUNCIL MEMBER MARMORATO: Thank you.

So, I kind of wanted to touch on what Council Member Brewer discussed about health care disparities and socioeconomic statuses. As a healthcare worker

for over 20 years, I've worked in the city and in the suburbs, and I have seen a difference in care, and it is frightening.

I just want to know, from your stance and your point of view, how can we make this better? And how... what are ways to address these issues? Because, I mean, I have my laundry list, and I can help give you that information, but I'd like to know where you guys are at with this?

DR. HAYES: Thank you, Council Member.

It's nice to meet, you I actually was a practicing physician myself for over 30 years in inner-city, underserved communities my entire career. I'm well aware of the disparities that exist, ,you know, a lot of that has to do with under resourcing, disinvestment in the communities, and then with that, you also look at the problems around access and quality of care. And all of that is related to the under resourcing and the disinvestment.

So, this is my comment, uh, on that, which maybe I should not be making my own comment, but when you ask what we need do, we need to invest in these communities.

COUNCIL MEMBER MARMORATO: Yeah, I just feel like, owning a car should not be the only factor on what kind of quality health care you get. And that's... (CROSS-TALK)

DR. HAYES: I'm sorry you said...

COUNCIL MEMBER MARMORATO: Owning a car and having access to a car shouldn't be the main reason or the whole issue about how the quality of healthcare you get. Because, I feel like a lot of people in my community, they drive outside side of the city for healthcare, because they've seen what these hospitals are providing, the services that they're providing -- And the services that they're not providing -- the no outreach within our community, and it's kind of sad. And working out in the suburbs, working in a more of a private hospital, I've seen the difference on how staff is treated. I've seen the difference of the money that's plumped into the hospital. I see the education that they give their employees. It's a big difference. And we need to fight for this here in the City.

DR. HAYES: I agree with you. Just having that conversation with some other health care providers, if I go back, once again to say, 31 years of

providing service in inner city communities, because that was my goal when I became a physician, was to make sure I gave back in my community. And seeing, an even witnessing, and experiencing the health disparities growing up in Harlem, family members, it was clear that this is a systemic problem, that there is issues, of course, around racial problems as well. But, it still boils down to the resources and the money. It's... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: How do we get the money?

DR. HAYES: It's the... it's the resources and the money...

COUNCIL MEMBER MARMORATO: No, I... (CROSS-TALK)

DR. HAYES: It’s not put into your communities that that need it. And I think that policies and legislation need to be put in place to support these institutions, so that they could have the services that they need and provide the care. The communities need it, you mentioned that you have individuals who drive to other places, that happens within these communities as well. They may not have the access to drive, they will have to take public transportation. but they too... so, we have to... we have data that

shows underutilization of certain institutions. And the community is speaking on the fact that they want better care, and they will go elsewhere for that care. It boils down to not having the resources that that are needed (INAUDIBLE) institutions... (CROSS-TALK)

COUNCIL MEMBER MARMORATO: I have reached out those local hospitals, and I've said to them, you have to do more community outreach, and they're just not listening. I said, people outside of these walls want to use your facility. It's just, you're not giving the outreach, you're not giving the ads, you're not telling what services you provide. So, it's a huge problem. (TIMER CHIMES)

DR. HAYES: Well, we in the Health Department don't regulate hospitals. That is a different entity; however, what we do is focus on trying to make sure that New Yorkers have quality care, and getting them the programs that they need to have healthy and productive lives.

CHAIRPERSON LOUIS: Thank you, Council Member.

I have three quick questions, and then I'll hand it over to Council Member Gutiérrez. And, Chair Lee, if you have any additional questions?

CHAIRPERSON LEE: Yes.

CHAIRPERSON LOUIS: So, so this is just piggybacking off of a question that Chair Lee mentioned earlier.

I heard... it sounds like you guys are checking all the boxes, like everything is going well, it's going good. But, I wanted to talk a little bit about expansion, and I wanted to know, are there... does DOHMH have plans to expand the newborn home visiting programs for additional neighborhoods around the cities? And if there was a criteria or a timeline to get that done? Because I haven't heard anything about expansions yet, it sounds like you guys are meeting the goals, but what about including more services?

DR. HAYES: Well what I would say, Council Member Louis, is that the Department of Health is always focused on seeing how much more we can do to service New Yorkers. That is always our goal. With that in mind, we also need to remember our capacity to meet those needs. But, we have put in place, uh, different mechanisms to increase referrals. I think my colleague, Laura Louison, talked about the coordinated intake referral service, which allows us to get increased numbers of referrals into our home

visiting programs. I know we're not talking about... we're talking more about programs like home visiting; however, even within our Early Intervention Program, we have put in a mechanism where referrals are increased through providers so that more New York City families can get early intervention services.

So, we are developing mechanisms to increase referrals and also increase our outreach.

CHAIRPERSON LOUIS: All right, it will be good to see what that looks like when we get the report from your team.

And, really quickly, I just wanted to discuss The ROSE, the Reach Out, Stay Strong, Essentials for mothers of newborns program. So, I wanted to know what results has the ROSE program achieved in preventing postpartum depression? And what are the best practices you all think that you've learned from it, and been able to identify to manage stress for new parents.

DR. HAYES: I'm sorry, repeat the name of the...

CHAIRPERSON LOUIS: The ROSE - Reach Out, Stay Strong, Essentials Program.

DR. HAYES: Okay, so I guess that is a program within our Center for Health Equity and Wellness. And I will allow Dr. McNatt to answer that question.

DR. MCNATT: Thank you so much for the question. So the ROSE program is a national program. So, we implement it here in New York, but it's a nationally accredited program, with a pretty large evidence base, that folks who were enrolled in the ROSE program during their pregnancy are able to prevent postpartum depression. So, we have had really great learning experiences, both in particularly during COVID about how to do it in person, how to do it virtually, how to maintain the same amounts of supports. We've learned a lot about what clients find beneficial. So, in part, they find it beneficial to be facilitated, but they also find it beneficial, I think, perhaps, similar to Council Member Lee's question or line of questioning about being in a support group with other folks going through the same experience. So the ROSE program is evidence based across the nation, also within the work that we do as part of our Healthy Start Brooklyn program, which is funded by HRSA (Health Resources and Services).

CHAIRPERSON LOUIS: Thank you for that.

And I just wanted to quickly as a question about Intro 892. This is the bill that would require employers to post their policy regarding lactation spaces online. And I wanted to know if DOHMH supported Intro 892.

DR. HAYES: Thank you, Council Member Louis. Intro 892, the Administration supports the intent of the legislation, and we know that we're deferring to the Commission on Human Rights for further questions in in regards to that particular introduction.

CHAIRPERSON LOUIS: All right. I look forward to further conversation about that.

And Intro 893, the bill that would require the establishment of a screening program for endometriosis and polycystic ovarian syndrome, and in your testimony you mentioned a component about diagnostic implementation in order to screen. So, while testing would be diagnostic, there's an initial intake before testing would need to be provided to a patient to help. But, I think it's important, and the purpose of this bill is to track before you would even need to get to the diagnostic component, especially if you're a young person, and you don't

know that these particular symptoms that you have could technically be tracked, or you need to talk to somebody about it, or it could be tracked through an initial intake. So, I wanted to know if we could have a quick discussion about further thoughts on this particular program regarding the screening component, and what considerations or resources you think would be necessary to implement and promote this screening program to communities?

DR. HAYES: So, if I could talk just a little bit about endometriosis and PCOS, polycystic ovarian syndrome. These are two diagnoses with a great amount of complexity to them. As you mentioned coming in with symptoms, and not really knowing what those symptoms are. Each of these diagnoses have many different presentations, and that's why it makes it somewhat difficult to make a quick diagnosis. There are symptoms that the patients will present with, and based on those symptoms, you then would do many different types of diagnostic testing. As I mentioned ,you know, blood work, x-ray studies, and even in the case of endometriosis, surgical diagnostic intervention would be part of the process.

So, we support the intent of the legislation; however, one of the things that is required are the blood tests, are a lot of the clinical interactions that, unfortunately, or fortunately, The Health Department does not have a large clinical footprint in the City. And we would ,you know, recommend a clinical entity or a hospital being part of this diagnostic workup.

What the Health Department does have on their webpage, a lot of information about PCOS and endometriosis symptoms, we're encouraging women to seek health care providers for evaluation. And that is very important, because in order to even do screening, you need to have a connection with a primary care provider, who would then probably refer you even to a specialist for further diagnosis and treatment.

So, as I mentioned, we support the intent of the legislation; however... and we also support through our webpage information and education around these two diagnoses, and also the importance of linking the patient to a clinical provider. However, the actual screening or the diagnostic approach needs to be done in a clinical setting or in a hospital.

CHAIRPERSON LOUIS: What it sounds like to me, and I thank you for your response... what it sounds like to me is DOHMH needs to partner with H&H, which is a hospital, in order to support the legislation and the next steps that would need to happen after initial intake. Because, a patient could walk in, or maybe just ask a question, because they need to be educated on where they are based off symptoms or feelings. Because, there's a mental health component to this, too. There's times when you have these symptoms, and you don't know what's going on. At the initial intake, whoever is facilitating the intake can give information over or recommend that you go to an H&H hospital for further screening and testing.

So, I thank you for your response, and hope that we all could work on it together.

DR. HAYES: Absolutely. I mean, the Health Department, we're always eager and supportive of collaborating to provide the best service for New Yorkers.

CHAIRPERSON LOUIS: Thank you. Chair Lee? You sure? Okay, Council Member Gutiérrez?

COUNCIL MEMBER GUTIÉRREZ: Thank you.

I have two questions, and Dr. McNatt, I just wanted to follow up on the guide book. I think that's a great idea. Is there any thought about how... we can't make hospitals do something, right? But, is there any thoughts right now, and, of course, I haven't seen the guide book, are there any thoughts right now about what we can do at the Council, or even just across the hall at City Hall? We've both collectively have put so much priority on this initiative, on the whole program, as a whole, so wondering if there are any thoughts around ,like, how... What mechanisms to get hospitals to implement the benefits of the guide book, uh, in both public... in both H&H and private hospitals -- and if there's anything that that we can do certainly in speaking with Dr Katz, for example. But just wondering if you've thought about that? And also I have one question about the mental health piece.

DR. MCNATT: Thank you so much, Council Member. I didn't hear your last statement, you said that we could do...

COUNCIL MEMBER GUTIÉRREZ: Oh, just asking if there's... I'm just... I was thinking we can't make the hospitals do anything, right? So, we have this

guide book; we would love for them to read it, and absorb it, and implement it, but if you have all thought, as experts, what can we do? What can you all do to ensure that hospitals are following the guide book and allowing doulas the space to do this work in the way that you highlighted?

DR. MCNATT: Yes, thank you so much again for the question and for the focus on hospital doulas -- sort of friendliness and engagement.

So, one, yes, the guide book is pretty intensive. It covers a lot of components of what it would mean to be a hospital that could be designated in this way. Not only will we release the guide book, but we also have a small and mighty team that actually accompanies hospitals through the journey. So, they do grand rounds with them, so they can learn more about what doulas do and how impactful they are. And sometimes in a hospital that may have very little doula engagement, they're looking for the evidence that doulas' presence has an impact. So often that's the entry way.

I would say that the work that we're currently doing is two parts, one is releasing this kind of guide book and the other is accompanying hospitals

that are part of the Maternity Hospital Quality Improvement Initiative in order to go through that journey -- And in the end, have the kinds of policies and procedures that would make them more conducive to working with doulas and community based doulas specifically. So, that's kind of the first part.

I think the second part, your question about what we can do and what the Council do can, I would love to have a follow-up conversation about what leeway exist for us to be able to support and engage in accountability with hospital partners across the city.

We do work a decent amount with the state version of ourselves, or with the State Health Department, who does have more authority over hospitals and hospital functioning. And you see them engaging also more in the component around doula work.

So, we would look forward to future conversations on what we could do together.

COUNCIL MEMBER GUTIÉRREZ: I think that the bill that codified the initiative had over 30 sponsors, and we'd love to be helpful as members in engaging with those hospitals. So please do let us know.

And I also just want to uplift when I got to visit the Action Center in Brownsville, I was very impressed, and I knew only more good things were coming. So, I truly do mean it. I look forward to the report and, of course, continuing to support this initiative beyond this year. So we can talk.

My last question is regarding the mental health services, and I'm sorry if I missed this or if I mispronounce this. But who is providing the mental health services for the 15 or so health visits covered under the programming? Is it social workers, psychiatrists, if you can just be more specific about that?

ASSISTANT COMMISSIONER LOUISON: So the embedded mental health services in our home visiting programs are provided by licensed clinical social workers.

COUNCIL MEMBER GUTIÉRREZ: Okay.

ASSISTANT COMMISSIONER LOUISON: And I'll hand it to my colleague, Marnie, to talk about the clinicians who are based in the early childhood mental health clinics.

ASSISTANT COMMISSIONER DAVIDOFF: Yes, and in the early childhood mental health clinics, they're also licensed mental health professionals. Typically those

are social workers, but it's possible that's it's a licensed mental health counselor. And in addition to the clinical care that's provided, there's also family peer advocates who are situated in these clinics, so that they can provide peer advocacy services to the families as well.

COUNCIL MEMBER GUTIÉRREZ: I'm sorry the... when are the mental health professionals... (TIMER CHIMES)I don't know if that's how you refer to them, I guess when are they providing a service?

ASSISTANT COMMISSIONER DAVIDOFF: So, these are clinicians who are providing services through these licensed Article 31 Clinics that are based in each of the boroughs essentially. So, if, for example, a social worker ,you know, refers let's say from one of the programs, or it refers to someone for ongoing treatment or clinical care to one of these clinics, they can receive it you know... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: Thank you. Thank you, Chairs.

CHAIRPERSON LOUIS: All right being we have no more questions, this panel is dismissed. We want to thank the Administration for coming out today to

answer our questions. We appreciate you all for being here. I now open up the floor for public testimony.

DR. HAYES: Thank you for having us.

CHAIRPERSON LOUIS: Thank you for coming.

CHAIRPERSON LEE: Thank you.

CHAIRPERSON LOUIS: Before we begin, I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times.

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

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's hearing topic: *Oversight - Update on Sexual Harassment Best Practices/Policies in New York City. (SIC)*

(*__TRANSCRIPTION NOTE:__ Hearing topic is *OVERSIGHT-*

PHYSICAL AND MENTAL HEALTH SUPPORTS FOR NEW AND EXPECTING PARENTS)

If you have a if you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant at Arms.

You may also email written testimony to testimony@council.nyc.gov within 72 hours of the close of this hearing. Audio and video recordings will not be accepted -- that's the third time we're saying that.

I now call the first panel in which we will hear from the amazing Brooklyn Borough President, Antonio Reynoso.

BOROUGH PRESIDENT REYNOSO: Good morning, Chairs. Thank you so much for having me, and thank you so much for having this very important hearing.

My name is Antonio Roso, and I am the Borough President of Brooklyn, and currently Brooklyn has one of the highest rates of maternal mortality and morbidity in New York City.

Mental health conditions are typically the leading cause of pregnancy associated deaths in the City. Fortunately, 78% of pregnancy related deaths

are preventable, and 100% of mental health related with deaths are preventable. Black and brown birthing people face higher rates of maternal mortality due to mental health concerns, and reducing racial disparities must be built into all maternal health bills.

Between 50 to 70 percent of maternal mental health disorders remain undiagnosed. Systemic issues with-- and it has to do with the systemic issues with the mental health care system.

I believe these following bills will help to address these issues:

Intro 912, the newborn Navigator Act, calls for the creation of targeted resources to support maternal health and connect people to available services.

Intro 869 to create a public outreach campaign on parental mental health. We've worked with Council Member Gutiérrez on Intro 912, and currently there is no comprehensive guide to the resources available to pregnant and postpartum patients. This is especially true for culturally and linguistically diverse communities, many of which are chronically underserved. The need for this resource is

considerable; approximately 20 percent of pregnant and postpartum patients experience prenatal mood disorders, and 23 percent of pregnancy related deaths from 2016 to 2020 were attributed to mental health, including suicide and overdose.

These bills would allow for an equitable distribution of resources, so that every parent has access to the same information before and after child birth.

In addition, it is critical that all materials be designed in collaboration with clinicians who work directly with pregnant patients. Also language access is written into both bills, and I want to underscore that compliance is critical.

Then we have the resolutions (TIMER CHIMES) one of them which calls for the state legislation... (CROSS-TALK)

CHAIRPERSON LOUIS: You can continue (INAUDIBLE)... (CROSS-TALK)

BOROUGH PRESIDENT REYNOSO: Thank you so much, I really appreciate that, Chair... calls for State legislation to require health insurance plans to promote access to affordable and comprehensive maternal health services. This would make life-saving

care accessible to all New Yorkers. We should also consider ways in which policies like this will impact our public hospital system. Ensuring that pregnant postpartum patients, especially those who have experienced racism, violence, and exclusion at the hands of the medical establishment, are screened and access quality and affordable care that is a necessary step to reducing maternal mortality and morbidity.

Resolution 403 calling upon the New York State legislature to pass, and the Governor to sign, legislation mandating all accredited psychiatry residency programs to offer a one-year, post-residency fellowship. Of course, according to the American Hospital Association, 75 percent of birthing people diagnosed with maternal mental health disorders do not receive treatment, at least in part due to the shortage of mental health practitioners who treat patients.

Resolutions 404 and 405, regarding increasing maternal mental health screenings. Obviously, I support this, it calls for more holistic integration of mental health screenings into routine OBGYN

visits, and calls for Medicaid to cover these important screenings.

I have a concern about Resolution 299, which is related to the birthing centers. It has come to my attention that, as of 2016 when the new legislation was put forth, specifically to add birthing centers, we haven't had any birthing centers put forth from New York City. So, we do think that the process by which they are implemented is too rigorous. But we want to make sure that, when we're modifying and streamlining the process to open more midwife-led maternal care centers, that we address the non-health related issues. So, if it's not health related, we should do everything we can to get those out of the way, so we could open up more maternal health wards -- but not anything related to health related issues. So, I just think that this is a more of a discussion here, but we have one process that is used nationally, and New York City has another process in which we add the DOH part of it. If DOH is going to be a part of it, they should do things that are streamlining it making it easier. They could be a part of the process, but we want to be careful, because if we dilute any of the health related

concerns in this bill, we could have end up with maternal health centers that are not up to par.

I just want to thank the New York City Council for its effort to combat the maternal mortality crisis. I've been... I was a council member for eight years before I became borough president, and the amount of work that this Council has done on maternal health is second to none. And the proposals on the table are an important step forward to ensuring that all pregnant New Yorkers have access to mental health care. And at the same time, I want to ensure that we are investing in equity. I would be very clear: equity and fairness and justice is not free. So, this idea that we have to build around the current structures to get to the outcomes that we want, or that it's the only way to get to the outcomes that we want, is just not possible. If you want to have a state-of-the-art maternal health system here in the city of New York, then we have to pay for that. And we have to invest.

So, thank you again. I just want to say that Brooklyn is in dire need of these type of resources. It is the most dangerous place for Black women to have babies. I want to make it the safest place, and

these initiatives, uh, pieces of legislation that are introduced... and resolutions, will do that. Thank you so much, and I'm available to answer any questions if necessary, and I'm really proud of you guys.

CHAIRPERSON LOUIS: Thank you, Borough President. Any questions?

ALL SPEAKING: (INAUDIBLE)

COUNCIL MEMBER GUTIÉRREZ: (INAUDIBLE) for my favorite borough president.

So, you obviously the entire borough, both public and private hospitals, what In your experience... or based on what your constituents want to tell you, is the difference in experience for new parents, both in the prenatal experience and postnatal? Because, ,obviously, you emphasized the need for equity, and obviously, we're big on that. And that's why we want to invest in so much in H+H. But, what are some of those discrepancies you think that you've heard from folks?

BOROUGH PRESIDENT REYNOSO: So, I just, uh, foundationally being careful about thinking choice is going to get us equity. If we allow for these private hospitals to siphon on all the care that we're doing

in the city of New York, we're going to decimate our public health system. That's what's going to happen. Right now, NYU Langone going and Presbyterian in Brooklyn are now taking Medicaid patients. And in Brooklyn about 70 percent of the births are happening in private hospitals -- which means that money is not coming in to our public health system to do that care. And that means we're going to have less midwives, less doctors, less OBGYNs, less doulas -- everything coming into our healthcare system. And we're seeing that.

I would caution, I want to be very careful about how I speak about this, because it's deeply important, but we are in crisis mode right now on maternal health in our public hospital systems in Brooklyn. When we talk about Woodhull Hospital, we talk about Kings County, and we talk about Coney Island the investments that I was able to make were related to infrastructure and physical needs, not operational needs through like the midwifery services. We're seeing C-sections go up in Brooklyn, which is ridiculous that in this day and age that's something that’s happening. We're seeing the maternal mortality and morbidity going up. And we just feel

that there was a trend going downward in a positive way, and now we're seeing some slight upticks.

So, I would just say that I think a lot of that has to do, in Brooklyn specifically, with the availability of Medicaid services in these private hospitals. And we're seeing a big move; the Brooklyn mothers are very smart, they're going to go into a hospital, they're going to know what they see, and they're going to know whether they want to go to private or public hospitals.

And then just wait times are a big problem as well. We're talking about poorer populations going into our public health system. That means taking an entire day for a prenatal visit. And in private hospitals, this is not the case. A mother can come in at eight in the morning and will be out by nine...(CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: You always gave me the day off when I had my appointments

BOROUGH PRESIDENT REYNOSO: There you go. You know all the days I took off. Exactly. So I just want to say we shouldn't have to do that.

COUNCIL MEMBER GUTIÉRREZ: Mm-hmm!

BOROUGH PRESIDENT REYNOSO: It's not competitive that way. So those are two things that I think are important... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: That's great, yes... (CROSS-TALK)

BOROUGH PRESIDENT REYNOSO: that we have to pay attention to and be careful about. This idea that choice builds equity -- choice can ruin our public health system.

COUNCIL MEMBER GUTIÉRREZ: Thank you, thank you so much.

BOROUGH PRESIDENT REYNOSO: Thank you.

CHAIRPERSON LEE: Thank you so much for that. And you hit upon a lot of things that I think personally frustrate me as well. And I think there's also a lot we need to do with partnering with the State in terms of the insurance piece of it, because that really is something that is so big in determining who goes where and what types of services are offered. So whatever we can do to partner with you and the state folks, just let us know. Because that's like a personal issue that I have, u, how the Medicaid dollars are being used. Also, with the closure of a lot of the hospitals throughout the years, that's

also caused a huge issue of equity so to speak. Right? So, I think whatever we can do... and what's undervalued, in my opinion, is a lot of these community-type approaches, and services, and other alternative ways, that perhaps are not being as valued, and I think that something is... but, again, it ties into the insurance piece and all of these issues. So, I'd love to have further conversations about this problem.

BOROUGH PRESIDENT REYNOSO: Awesome, yeah, and anything that we get from here, from chairs or any council members, we have a Maternal Health Taskforce of which like Dr. McNatt is a part of, of which H+H is a part of; midwives are a part of it. We take on all these issues, and we make recommendations on a regular basis. So, we would love to continue to submit that to you guys on a regular basis, so you can see what we're doing. But, we've talked about this crisis for quite some time, not only the maternal health and morbidity crisis, but we're talking about all of it -- the infrastructure, the insurance. And state insurance is the biggest issue that we have now, because we're never going to be able to compete unless there's an influx of money

coming into our public hospitals. And that's not going to happen, so we're just never going to be able to keep up. Unless we in elected office are deeply subsidizing the infrastructure needs of these hospitals, we're going to lose. And I think we are losing, and we're getting to a point where we might not be able to dig ourselves out of this hole. And that we will become... our public health system will be decimated.

CHAIRPERSON LOUIS: One quick question. I wanted to know, because you work with a lot of different nonprofits as well, Ancient Song, and some others -- how could we be more helpful to those organizations, to hospitals in... I'll use Brooklyn for example, uh, just being a little biased -- when you have or hospitals like Downstate, Brookdale, Kings County, how could we be more helpful to those organizations to provide services?

BOROUGH PRESIDENT REYNOSO: Right now there's a natural inclination to see uh non-for-profit organizations as outside folks coming in dictating outcomes and disrupting the natural order of the bureaucracy in a hospital. And I think having leadership that is that is more open to understanding

that those are resources and opportunities would be valuable. But that doesn't happen very often. And I'll give one example: Kings County, who I love, I love all my public hospitals, I want to be very clear that I'm saying all this, but I love my public hospitals, I love Kings County. But Kings County is a OB-based hospital; they don't have midwives, and introducing midwives to Kings County is not H+H saying we're going to add seven midwives to Kings County and we're going to be done with it. The culture there needs to change. The culture needs to be accepting of midwifery services. And if they're not, it's never going to be successful. They're going to make them B level players in the birthing process, and it's not going to lead to the outcomes we want. So, that's happening within the H+H system. So just imagine the external system. I would just suggest talking to the CEOs and the people running these hospitals, and I think from us, as elected officials, they do listen to us. When I talk to Kings County, when I talk to Woodhull and I tell them this is deeply important, they listen. But if the non for-profits are doing it without the support of their elected officials, they're going to be shunned and

they're going to be looked at as like B level players that shouldn't be in the system and that are more interrupting. So, I do think it's a conversation to be had, and now I'm thinking about it, now I want to bring all my hospitals together, introduce them to these valuable resources, and maybe we could do a forum of some sort. But it doesn't happen organically. It could only happen if we make it happen.

CHAIRPERSON LOUIS: Agreed, thank you, BP.

Now we have Council Member Restler with questions.

COUNCIL MEMBER RESTLER: Borough President, how are you?

BOROUGH PRESIDENT REYNOSO: I'm doing good, Council Member, how are you?

COUNCIL MEMBER RESTLER: I'm sorry that I missed the earlier part of your testimony, Council Member Gutiérrez said that you did a phenomenal job.

BOROUGH PRESIDENT REYNOSO: All right, thank you. I appreciate it.

COUNCIL MEMBER RESTLER: I want to say that on the record.

UNKNOWN: (INAUDIBLE)

COUNCIL MEMBER RESTLER: Did Chair Louis say that? Chair Louis gave you compliments, too? That actually means something.

BOROUGH PRESIDENT REYNOSO: (INAUDIBLE)

(LAUGHTER)

COUNCIL MEMBER RESTLER: (LAUGHS) Well, Chair Louis and Chair Lee, thank you for having me.

Could you remind me, Borough President, your first year in office you committed to completely renovate and modernize the maternity wards at each of our public hospitals. How much... what was the total investment that you made?

BOROUGH PRESIDENT REYNOSO: So, for the physical infrastructure work that we're going to be doing in our public hospitals, it was $45 million, about $15 million per hospital in Brooklynn.

COUNCIL MEMBER RESTLER: In Kings County, Woodhull, Hall and at Coney Island... (CROSS-TALK)

BOROUGH PRESIDENT REYNOSO: South Brooklyn...(CROSS-TALK)

COUNCIL MEMBER RESTLER: South Brooklyn? Is that the Ruth Bader Ginsburg, is that what they call it now?

BOROUGH PRESIDENT REYNOSO: Yes, exactly. Uh...

CHAIRPERSON RIVERA: Go ahead...

BOROUGH PRESIDENT REYNOSO: We also... but outside of that, we also spent over $250,000 in a marketing campaign in Spanish, English, and Haitian Creole, and targeted the areas that had the highest disparities or the grossest inequities to maternal health. So Flatbush, East Flatbush, Crown Heights, Bed-Stuy, East New York, Brownsville were areas that we targeted, alongside a bit of Coney Island. And we wanted to make sure that it was accessible through language accessibility. We also had the baby born in Brooklyn where we provided over 500 boxes of about two months' worth of baby supplies to new mothers in the public hospitals, so that they wouldn't have to stress out about the first two months of birth. The educational campaigns related to the state, uh, now gives up to one year of free mental health service... not free, Medicaid-based mental health services to new mothers, and it was a big promotional work that we did there. And just recently, we're hosting about 10 baby showers in Brooklyn in those same areas. We have a lot of mothers that are alone or don't have extended family, so baby showers are not the norm for them. So, we're making Brooklyn their family, and

we've already thrown two showers, one in Brownsville and one in Bed-Stuy. And we're going to do eight more in Brooklyn. So those are just about (TIMER CHIMES)... not withstanding the work that the task force as well is doing, that's about, uh, a lot of the work that we're doing in our... (CROSS-TALK)

COUNCIL MEMBER RESTLER: And you have also been focusing a bit on some of our high need safety net hospitals as well?

BOROUGH PRESIDENT REYNOSO: Yes.

COUNCIL MEMBER RESTLER: Could you...

BOROUGH PRESIDENT REYNOSO: We are... this is a tough conversation, because it is the realization of the failure of government to a certain degree. But, when we look at Brookdale, we look at SUNY Downstate, and these hospitals are generally have been hospitals that struggle to have positive outcomes for Black women in our neighborhoods. But, it's also that they're in the center of those areas, so some... when it comes to access, sometimes women don't have a choice, that's where they have to go. So, we're working with them as well. We've given $2 million to Brookdale to enhance a lot of their services. We're working with Cumberland Hospital as well, which is a

Gotham Health Center, where we're giving them some resources. So, we're trying our best. We're only a borough president's office, and if I could give all my money to this work I would, and I'm trying to give a lot of it out, but these non-public hospitals, uh, non-city public hospitals, non-state funded hospitals, and private hospitals I'm trying to also have conversations with, but right now Brookdale and SUNY Downstate are my target, after the three public hospitals, to change outcomes. But, it's not easy, I guess is what I'm saying. We got a long way to go.

COUNCIL MEMBER RESTLER: Absolutely. You know, I think the ongoing disparities in maternal morbidity, uh, racial disparities in maternal morbidity is... it's just one of the most disgraceful statistics in our city.

BOROUGH PRESIDENT REYNOSO: Yes.

COUNCIL MEMBER RESTLER: And I know I'm just incredibly appreciative of how you've prioritized this as a singular issue, that you're making a difference to address in Brooklyn. When I talk about what you've been doing at the public hospitals in Brooklyn with my constituents, it is literally the single most popular thing that I hear about from

people in my district, that they are so pleased that you were taking this on, and putting your resources in and making a difference. Because, when you talk about the investments at the scale that you're making them and dedication of staff resources at the scale that you're making it, it's going to save lives in a dramatic way. And it doesn't happen a in a flash, it happens over time, but it's the right and necessary thing, and you deserve an enormous amount of credit for your leadership on this issue. And I think it was your former chief of staff that really paved the way for you to make it all happen. So ,you know, together, it's teamwork.

BOROUGH PRESIDENT REYNOSO: Yes...

COUNCIL MEMBER RESTLER: And I appreciate Council Member Gutiérrez's really great leadership on this in the Council and all the good bills that have been sponsored today. So, thank you so much, Chair Louis and Chair Lee.

BOROUGH PRESIDENT REYNOSO: I just say that this type of stuff doesn't get a lot of press, it doesn't get a lot of attention, and it's hard for elected officials to take on real issues, especially when it comes to issues that are centered around Black women

-- never get any credit, never going to get a thank you, but it's the most important work that we could possibly do.

So, I want to say this is a hearing that we should have 15 cameras here, we should have 15 folks from the media, it'll never happen. And I appreciate that you guys are not camera chasing or looking for headlines. We just doing the dirty work that's necessary to actually save lives. So, I can't tell you how happy I am to come to City Hall and to come see you guys, because you're doing this work, because it means I'm not doing it alone. So, thank you, guys, for your work and your service, thank you to the chairs for allowing me to be here.

CHAIR LOUIS: Thank you, Borough President Reynoso.

We also have Council Member Hanif joining us via Zoom.

The next panel is Paige Bellenbaum, Sheindel Goldfeiz, Sarah March, and Patricia Loftman.

You may begin.

PAIGE BELLENBAUM: Apologies in advance, this might be a little bit over two minutes.

Chairman Louis, Chairman Lee, and committee members, it is with great joy and appreciation that I sit here in front of you today in support of this comprehensive set of bills designed to improve maternal mental health outcomes for perinatal people.

My name is Paige Bellenbaum, and I'm a clinical social worker and the Founding Director and Chief External Relations Officer of the Motherhood Center. We're a clinical treatment facility here in New York City that provides support and therapeutic care to pregnant and postpartum people experiencing PMADs. We operate the only Article 31 OMH licensed perinatal partial hospital program in the entire state of New York.

As a survivor of severe postpartum depression and anxiety that nearly ended my life 18 years ago, I've been a fierce maternal mental health advocate, striving to ensure that other new and expecting mothers and birthing people do not have to suffer silently as I did. As a result, I've clinically treated and supported thousands of pregnant and postpartum people experiencing PMADs. I drafted the first postpartum depression screening bill that was signed into law by the Governor in 2014, and I've had

the honor of working with the NYPD on maternal mental health training and education, DOHMH's Bureau of Maternal Infant and Reproductive Health, and the New York City Maternal Mortality and Morbidity Review Committee, the Maternal Health Quality Improvement Network and Nurse Family Partnership. I'm currently Consulting with ACS on maternal mental health best practice and policy, and I sit on the New York State Maternal Mental Health Task Force.

We're here today because maternal mental health is the number one complication associated with childbirth and the leading cause of maternal mortality in the City. PMADs impact at least one in five pregnant and postpartum people, with a notably higher incidence among Black and brown people where 50 percent experience PMADs. Despite these alarming statistics, 75 percent of paranal people experiencing mental illness remain undiagnosed (TIMER CHIMES) and untreated, potentially resulting in physical and mental health challenges for both the birthing parent and child. And in severe cases, untreated PMADs can escalate to instances of suicide and infanticide.

The conservative cost of untreated PMADs in the US is $14 billion per year. That not only poses a

significant burden on the health care system, but also strains social services, the workforce, the school system, law enforcement, and the City as a whole to cope with an increasing number of mentally ill perinatal people and their families...

CHAIRPERSON LOUIS: Thank you, thank you. You have like a couple of seconds to wrap it up...

PAIGE BELLENBAUM: Just a couple seconds? Okay, just wanted to say there's a number of other things we need to we doing in regards to this amazing bundle of bills. Implementing PMAD prevention... (CROSS-TALK)

CHAIRPERSON LOUIS: (INAUDIBLE), you could add that to your public testimony. We would appreciate the recommendations that you have.

PAIGE BELLENBAUM: Okay, they're in there.

CHAIRPERSON LOUIS: Yes, we got your packet, thank you.

PAIGE BELLENBAUM: Okay.

CHAIRPERSON LOUIS: Because everyone getas up to two minutes, and we have another hearing in here in about 15 minutes.

PAIGE BELLENBAUM: Okay.

CHAIRPERSON LOUIS: And we have a second panel.

PAIGE BELLENBAUM: Okay, thank you.

CHAIRPERSON LOUIS: Now we'll hear Patricia Loftman.

PATRICIA LOFTMAN: Greetings, Chair Louis and members of the New York City Council Committee on Women and Gender Equity. Thank you for this opportunity to provide testimony on the topic of requiring the Department of Health and Mental Hygiene to create pamphlets identifying mental health resources available to individuals experiencing pregnancy loss.

I am a Certified Nurse Midwife and a Fellow of the American College of Nurse Midwives. I practice full scope midwifery for women, caring for women as a midwife, and I'm the former director of Midwifery Service at Harlem Hospital for three decades.

During my 30 years at Harlem, I cared for women whose pregnancies were complicated by substance use for 10 years, developing expertise in this area.

Today I speak as a representative of New York Midwives the Professional Organization that represents midwives in New York State. I also speak as is a member of the New York City Department of

Health Maternal Mortality and Morbidity Review Committee.

The number one cause of maternal mortality in New York City is substance use, overdose, and suicide. Parenthood for many couples is considered the most significant period in their lives. Consequently, a pregnancy that does not result in a live birth as planned can be traumatic and have lasting emotional and psychological reactions. Perinatal loss is not uncommon and can occur and affect women and birthing people at various periods in a pregnancy. Pregnancy loss can occur early; it can occur after 20 weeks, or it can be the result of an anatomical defect incompatible with life. Pregnancy loss can unexpectedly end in a still birth at the end of a term pregnancy.

Regardless of when it occurs, it is a profound experience. Couples, women, and men (TIMER CHIMES) can exhibit anxiety, depression, mild to severe to complicated grief, post-traumatic disorder, attachment disorder in subsequent pregnancies, and many other issues.

CHAIRPERSON LOUIS: Patria, if you could just wrap it up in a couple of seconds?

PATRICIA LOFTMAN: Absolutely.

CHAIRPERSON LOUIS: Thank you.

PATRICIA LOFTMAN: So while funds are being allocated at the state level, funds are also being allocated for comprehensive psychiatric treatment. Unfortunately; however, among the challenges associated with implementing legislation is the lack of a mental health infrastructure. And without clinicial capacity, *clinicial capacity*, who is going to do the work?

So, you will see in my testimony that I have indicated some resources and some strategies that I believe will address this issue. But, clinicial capacity is the real issue here. So, while I can certainly agree with the intent in principle, I think impact also has to be a consideration.

CHAIRPERSON LOUIS: Thank you for your testimony. We appreciate it.

Now we'll have Sheindel Goldfeiz. And if you could turn your microphone on?

DR. GOLDFEIZ: Hello?

CHAIRPERSON LOUIS: There you go.

DR. GOLDFEIZ: Good afternoon, Chairs Louis and Lee, and Council Members. My name is Sheindel Ifrah

Goldfeiz, and I am pediatric neurology resident at Rutgers New Jersey. I'm also a Chief Operating Officer and Financial Officer for the Jewish Orthodox Women's Medical Association, also known as JOWMA.

As a Jewish physician, mother, and community member, I see firsthand how JOWMA is serving a unique need in the Orthodox Community.

JOWMA is a 501(c)(3) nonprofit providing public health education, advocacy, and outreach on behalf of the Orthodox Jewish community. We're supported by a network of over 600 Jewish women physicians from nearly every medical specialty. We are also a primary driver of health education in our Jewish community.

New York has the largest populations of Jews in the United States. Until JOWMA was founded in 2019, the Jewish community had limited resources for evidence-based, culturally sensitive health education.

In the age of social media and rapid misinformation, where do young Jewish mothers turn to find evidence-based information on how to raise her family in the healthiest way? Internet resources that are trusted by both the community and by the medical community are hard to find. Enter JOWMA.

JOWMA is composed of members from within the same community. Our members attend synagogues, send our kids to Jewish schools, and we intertwined with women who are providing this critical information, too. As a result, our public health work is not seen as an outside influence, and is instead well-received with a strong, unbiased level of trust. Many of our physician members are also mothers themselves, and they're involved in improving maternal health outcomes.

Our work is instrumental in helping to close the gap of multiple Jewish communities throughout New York City and beyond, including for maternal health, child health, and mental health.

JOWMA has worked closely with the DOHMH and other departments of health to provide both in person and online resources to close the gaps of health education and health literacy aimed towards mothers and children.

We recently published a study on the powerful impact of peer education on vaccine confidence. JOWMA sent peer educators into the Haredi and Hasidic communities to talk to vaccine hesitant families (TIMER CHIMES). Uh, compared to families who

did not receive the education, families were 21 percent more likely to vaccinate, compared to people who were receiving information through traditional methods.

CHAIRPERSON LOUIS: Thank you.

DR. GOLDFEIZ: I'll wrap it up. Just to say that ,you know, community health education resources are really important, especially being able to provide both culturally sensitive information and accessibility to mental health and women's health resources.

CHAIRPERSON LOUIS: Thank you, we appreciate your time.

Now we'll hear from Sarah March.

SARAH MARCH: Thank you for the opportunity to testify, Chairpersons Lee and Louis, as well as other esteemed council members.

I'd like to take a moment to thank the Council for today's topic hearing. The crisis of maternal and infant mortality and how it intersects with maternal mental health is urgent and deserves the attention of policy makers. My name is Sara March, and I am a Credentialed Alcoholism and Substance Abuse Counselor as well as a Licensed Mental Health Counselor with

over 10 years of experience in residential treatment. As the Program Director of Samaritan Daytop Village's Young Mothers Program, I supervise our treatment facility in the Upper West Side. Our unique program focuses on providing residential care to pregnant and parenting women diagnosed with co-occurring mental health and substance use disorders as well as their families.

We're proud to utilize a family systems trauma informed and gender responsive lens for this work, and we serve about 75 women in their families annually, most of whom are women of color from communities with high infant mortality rates across the City. We ensure that our participants foster healthy bonds with their children during their recovery journey, while simultaneously learning essential life, vocational, and parenting skills. We provide critical education, employment, and medical services, and our residents are positively impacted by our work as they're taught to become self-sufficient and confident caregivers for their babies and families. Some even end up coming back to work for our agency.

I'd like to highlight a pivotal gap in maternal health services, a gap which the DOHMH Commissioner of Vasan actually referenced during the May Executive Budget Hearings, specifically the Commissioner cited the need for investment in postpartum addiction services, as overdoses are an increasing morbidity for postpartum mothers. Overdose deaths are a leading cause of Black maternal death, and through my work I see the need for these Services every day. I applaud Chairs Lee and Louis and the City Council for your leadership in this area and remembering the critical needs of this population.

In addition to the Council's efforts, the Administration is also responding to demonstrated need. In March of this year, New York City Health + Hospitals (TIMER CHIMES) announced plans to open the first family substance use disorder clinic. I'll just get to the point here.

With overdose as a leading cause of Black maternal deaths and the tragic ripple effects, stigma- free access to substance use disorder and mental health treatment for expecting families is a must. Our program has addressed that need since 1973,

but we need additional support to continue to do so... (CROSS-TALK)

CHAIRPERSON LOUIS: Thank you so much...

SARAH MARCH: and to that end, we hope that you'll consider our program for inclusion in the Maternal and Child Health Citywide Council Initiative.

CHAIRPERSON LOUIS: Yes, thank you...

SARAH MARCH: Thank you.

CHAIRPERSON LOUIS: Any members have questions for this panel? All right, being that we have no questions, you all are dismissed, thank you so much for sharing your testimony today.

The next panel is Lorena Kourousias, Odessa Fynn, and Andrew. You may begin.

LORENA KOUROUSIAS: Good afternoon, my name is Lorena Kourousias, I'm the Executive Director of Mixteca, a community based organization in Brooklyn in Sunset Park. I'm also a psychologist and a social worker.

I'm here today to highlight the relationship between immigration and sexual violence and how this is related and treated by Health + Hospitals and the

lack of resources that the CBOs we are getting to address all those issues.

Every day at Mixteca, we receive around 100 to 150 people, if not more, and every person there, sometimes they require many basic needs. But, many of them, especially the woman, are asking for pregnancy tests. We know the sexual violence through the journey getting into the country is high, but many times it’s overlooked, the sexual violence that these women are facing, in the shelter system or when they are looking for jobs.

So, one of the things they request is pregnancy tests. Before they ask me for food, or for legal referral that they also want, they are asking me for pregnancy test to find out if they are pregnant. These people don't go to the hospitals. These people speak different languages, but I am not going to touch those topics, because I know you all are really aware of those difficulties on trusting hospitals, on trusting the system -- and difficulties, especially if we are thinking in indigenous communities that are getting into the City, and they have no place to go and to receive this primary care.

So, we are providing the hospitals into the place, into the CBOs where they can receive those services.

Mixteca has been providing mental health services for 24 years, and we we've been unnoticed. (TIMER CHIMES) And I'm here just to say that we are in the process of buying a building, and we really need your support to continue providing those healing spaces for the community with the cultural and language approach, thank you.

CHAIRPERSON LOUIS: Thank you.

Odessa?

ODESSA FYNN: Good afternoon, Chairs and Council Members. My name is Odessa Fynn, I'm a licensed midwife here in the State of New York since 2011. I'm also the New York City Representative to the New York Midwives Board.

I will be sharing testimony on behalf of Midwife, Dr. Mimi Niles who couldn't be here today so I'll be reading her testimony on her behalf.

While this resolution demonstrates the passion and commitment of City Council members to make midwifery birth centers more integral to the New York City maternal health landscape, it presents some

concerns and misinformation that needs to be carefully considered.

I do not support passage of this resolution. I write this as an experienced licensed midwife of 14 years of practice in the New York City municipal health system, New York City Health + Hospitals. I have also been actively involved in advocating and leading efforts to open more midwifery birth centers in New York State.

As a midwife, I have trained in both birth centers and home birth, and have a great deal of respect for the value of all three birth settings. I wrote the definition of the midwifery of for the New York City DOHMH, and I was a grantee of the Commonwealth Fund as I conducted the first ever assessment of midwifery services in New York, and continue to support their work of expansion midwifery care in the US.

I am a tenured track assistant professor at NYU, and my area of expertise is midwifery research, critical feminist theory, public health, and birth equity. I was also actively involved in the passage of the Midwifery Birth Center Law in New York State. This resolution lacks consideration for the history

of the legislation and runs the risk of causing further confusion and delay for those of us who are strategically working to open high quality evidence-based birth centers. Governor Hochul amended the midwifery Birth Center bill at the final hour and removed the CABC accreditation as the singular pathway to obtaining a license. Now this resolution (TIMER CHIMES) is asking for return to square one. And the gist of -- and I'm going to wrap up -- that the call for the (INAUDIBLE), uh, that is looking at character and competency needs to be heavily considered here per Dr. Niles' testimony. We want to make sure that we have, as the Brooklyn Borough President, said not just of state-of-the-art facilities, uh, competent clinicians, we want people who also have character and competency to go along with that this initiative for birth centers.

CHAIRPERSON LOUIS: Thank you, Odessa, we appreciate it.

Now we'll hear from Andrew.

ANDREW: Good afternoon, my name is Andrew, and thank you for taking time to listen to our concerns.

Now do any council members know how law enforcement can get people not to testify against

them in court? Does anybody know that? No? Okay, well (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON LOUIS: If you could please stay on topic, and you do have less than a minute and 30 seconds, thank you.

ANDREW: So, for law enforcement to get people not to testify against them, they will toss them on the sidewalk. So, that's what they do. Now, law enforcement had claimed, Los Angeles police officer Christopher Dorner New York City police Officer Adrian (INAUDIBLE), and the police detective (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON LOUIS: Andrew, I just want to also share with you... (CROSS-TALK)

ANDREW: Gomez (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON LOUIS: this hearing is on parental supports... (CROSS-TALK)

ANDREW: If you keep interrupting me, I'm not going to have time to say the things I have to say...

CHAIRPERSON LOUIS: Continue.

ANDREW: Okay, so (INAUDIBLE) Gomez, law enforcement claimed that they were crazy. So by claiming that you're crazy, they're not allowed to testify against law enforcement in court. So, law

enforcement had tossed me in the sidewalk; they did the same thing to me (sic). So, I'm asking what happens when a person is not crazy? Now in Los Angeles, police officer Christopher Dorner and he went out murdering police officers, because law enforcement are corrupt. He has exposed their corruption. Anybody who exposed corruption in law enforcement, law enforcement will make them a target. So, when doctors claim that people are crazy, like me and Christopher Dorner, and (INAUDIBLE) Gomez, what steps do we have to clear our names that we not crazy? And the doctor's license pulled for claiming that a person is crazy (TIMER CHIMES) when they're not. Like police officer (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON LOUIS: Thank you, Andrew.

Do any members have questions? Council Member Restler, and then Council Member Gutiérrez.

COUNCIL MEMBER GUTIÉRREZ: I'll be fast. I know we... Chair Louis is on it.

Miss Fynn, I know this is Dr. Niles' testimony that you're reading on their behalf; I guess if you could just spend a minute or a couple seconds on the importance of like the centralized standard system. I kind of brief briefly read through the rest of the

testimony, but the importance of kind of like the impact of undoing what was in the original bill, like what the impact of this resolution could have on the future of the of birth centers becoming a reality.

ODESSA FYNN: Thank you for your question, Council Member Gutiérrez. I don't want to speak for the Dr. Niles, because she's not here. But I will just speak to your question for myself.

There were certain structures put in place to evaluate, again not just the clinical, uh, what someone looks like on paper, uh, what they are... the channels that have been built into place to regulate and approve someone of being in charge of a birthing center, we're very intentional to cover all aspects of what is required to have successful outcomes. And ,you know, minimizing this, uh, this examination of character and incompetency, uh puts at risk...

COUNCIL MEMBER GUTIÉRREZ: I see...

ODESSA FYNN: certain personnel being in position that perhaps are not as safe for the community that we are seeking to serve. And also ,you know, putting emphasis on the idea that it limits or restricts the ease with which these birthing centers can be open is a fallacy, as... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: Mm-hmm

ODESSA FYNN: the Brooklyn Borough President pointed out, and has already been mentioned here. There's two that have been approved in Brooklyn, and one in Buffalo. So, this character and competency doesn't make it easier to obtain the birth center.

COUNCIL MEMBER GUTIÉRREZ: Oh, and the resolution is proposing to kind of remove some of these restrictions...

ODESSA FYNN: (TIMER CHIMES) remove...

COUNCIL MEMBER GUTIÉRREZ: these standards? I see, and I can see how that's problematic, thank you is okay.

CHAIRPERSON LOUIS: Oh, sorry, Council Member Restler?

COUNCIL MEMBER RESTLER: Thank you so much, Chair Louis.

Okay, I just wanted to thank you for your work as a midwife and for your leadership in midwifery across New York City. You know, I've only heard the best things about your work, and just want to say on the record how appreciative I am of the work that you do, and thank you for testifying before us today.

ODESSA FYNN: Thank you for hearing our testimony and being in support.

CHAIRPERSON LOUIS: All right, this panel is now excused, thank you all for sharing your testimony with us today.

Seeing no hands in the Chamber, we will now shift to Zoom... If there's anyone in the Chamber who wishes to speak but has not had the opportunity to do so, please raise your hand and fill out an appearance card with the Sergeant at Arms in the back of the room. Seeing no hands in the Chamber, we will now shift to Zoom testimony.

If you are testifying remotely, once your name is called, a member of our staff will unmute you, and you may begin once the Sergeant at Arms sets the clock and cues you.

The first person of this panel is Trinisha Williams.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON LOUIS: Trinisha, you could turn on your mic, and you may begin.

TRINISHA WILLIAMS: My name is Trinisha Williams, and I'm here to provide testimony on the impact of New York State’s Certificate of Need requirement for

freestanding birth centers. I am a certified midwife and frontline worker of New York City maternal Health crisis for over 20 years. I am president-elect of the American Association of Birth Centers, I'm a board member of Lamaze International, and a board member of the American Midwifery Certification Council.

These opinions that I'm expressing in regards to the Certificate of Need are mine alone, and need to be reflected into the record in order to make the changes we need for birthing people in New York City.

I'm in the process of building New York City's first BiPOC, nonprofit birth center called Haven Midwifery Collective, where I sit as the founder and president. I am deeply vested in maternal health crisis, and I believe that this will be a crucial way to address the disparities by removing a Certificate of Need.

The issue that I'd like to discuss particularly with the Certificate of Need is that it's controlled by the Public Health and Health + Hospitals' Council, which does not prioritize birth centers.

First, the application for the Certificate of Need is erroneous, requiring birth centers to have hospital life architectural structures. These include

amenities such as ambulance parking spaces, and elevators to fit gurneys, which are not used in birth centers and have not been proven to increase safety. Furthermore, the process of the PHHPC (Public Health and Health Planning Council) is unnecessary and lengthy, and the application process leads to delays for years for opening for most birth centers. This leads to increased costs in undergoing application processes, and it is run by several different individuals that in which... most times this application process can take as much as $20,000 to as much as $40,000 to complete. The reasonable alternative to New York City's DOH would be to adopt the Commission for the Accreditation of Birth Centers, which is CABC, and its guidelines for life (BACKGROUND NOISE) (INAUDIBLE) that have been proven time and time again to be safe and effective (TIMER CHIMES) and most of the states...

SERGEANT AT ARMS: Thank you for your testimony, your time has expired.

CHAIRPERSON LOUIS: Thank you, Trinisha.

TRINISHA WILLIAMS: Okay.

CHAIRPERSON LOUIS: We appreciate it.

Now we'll hear from Allie McGerigle, Allie?

SERGEANT AT ARMS: You may begin.

ALLIE MCGERIGLE: Thank you, good afternoon, Members of The Committee on Women and Gender Equity. Thank you for the opportunity to testify today.

I am here on behalf of the Center for a Baby and Adult Hygiene Products, which represents manufacturers of absorbent hygiene products in North America such as menstrual products, disposable diapers, and companies that supply the materials for those products.

Our members represent over 85 percent of the market for personal hygiene products in North America. Nothing is more important to BHP members than the safety of their products and the people who use them. And as the Committee considers Intro 867, we appreciate the opportunity to offer comments.

BHP respectfully request two changes to Intro 867 if the committee chooses to advance the bill.

We urge the Committee and the bill sponsor to limit the scope of this bill to substances that are intentionally added by the manufacturer. Other jurisdictions that have passed bills restricting the use of substances in consumer products have taken this approach, and it is essential for compliance.

BHP members follow rigorous processes to assure the safety of the ingredients in their products, and with the exception of fragrance, which I'll discuss in just a second, our members do not intentionally add any of the substances included in Intro 867 to menstrual products.

In some cases the substances not added by a manufacturer can be present in very low amounts due to factors outside of the manufacturer's control, such as a naturally occurring presence in the environment. These low trace levels do not present an objective safety risk to consumers, and absorbent hygiene product manufacturers assess the safety of their finished products both intentionally added ingredients and substances that may be present in trace contaminants and raw materials.

Laws affecting consumer products and other jurisdictions recognize this, and our members manufacture and ship products nationally, so it's essential that ingredient restrictions be (TIMER CHIMES) assessed in a clear and consistent manner... (CROSS-TALK)

SERGEANT AT ARMS: Thank you for your testimony, your time has expired.... (CROSS-TALK)

CHAIRPERSON LOUIS: Thank you, Allie. Next we will have testimony... (CROSS-TALK)

ALLIE MCGERIGLE: Thank you, I will also submit written comments that will discuss fragrances as we would respectfully ask the Committee to exclude fragrances from any restrictions, and I'll expand on that in written comments. Thank you for the time today.

CHAIRPERSON LOUIS: Thank you, Allie.

Now we'll hear from Elisa Benusa.

SERGEANT AT ARMS: You may begin.

ELISA BENUSA: Hello, greetings my name is Elisa Benusa, I'm the Government Relations Manager at Planned Parenthood of Greater New York. Thank you to the committee chairs, Council Member Louis and Lee, for holding this important hearing to explore how the City can support the physical and mental health of new and expecting parents. We also thank the bill sponsors for introducing legislation that moves us closer to achieving reproductive justice for the most marginalized in our communities.

PPGYN has been a leading provider of sexual and reproductive health services in New York City for more than a 100 years. Conducting over 124,000

patient visits per year, PPGNY provides a wide range of health services, and we are a trusted name in healthcare because of our commitment to comprehensive inclusive care.

It is important to address the challenges new and expecting parents face in terms of physical and mental health. According to the National Alliance on Mental Illness, each year 500,000 pregnant women in the US will experience a mental health condition either before or during pregnancy. We applaud the Council for prioritizing mental health for parents through informational materials, awareness, and support groups. PPGNY supports providing greater access to birth support services such as doula services and alternative options to giving birth, like birthing centers, which are led by skilled professionals that understand the unique needs of birthing people. Giving new and expecting parents all the options for their birthing journey will lead to healthy birth outcomes. Additionally, PPGNY supports legislation that equips new parents with all the resources and support they need to lead healthy and safe lives, including resources for parents experiencing pregnancy loss, postpartum support

groups for new parents, and support for lactating individuals. PPGNY supports birthing people having access to information and options to make their own decisions about their care. PPGNY applauds legislation that meaningfully addresses the barriers that new and expecting parents face in New York City. Regardless of the outcome of the birth, parents deserve to have all the relevant information to make informed choices (TIMER CHIMES) about their bodies (INAUDIBLE)... (CROSS-TALK)

SERGEANT AT ARMS: Thank you for your testimony. Your time has expired.

ELISA BENUSA: We just have one more sentence. We (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON LOUIS: Thank you.

ELISA BENUSA: Oh, okay...

CHAIRPERSON LOUIS: Go ahead, you can finish your sentence.

ELISA BENUSA: Okay. We thank the Council for advocating that all pregnant people have access to the information and services they need to have healthy births. We look forward to working with the Council to strengthen our public health system and

growing health care access for all, thank you so much for the opportunity to testify, have a great day.

CHAIRPERSON LOUIS: Thank you, Elise.

Now we'll hear from Cookie Cosby.

SERGEANT AT ARMS: You may begin.

COOKIE COSBY: (NO RESPONSE)

CHAIRPERSON LOUIS: All right. I would like to thank everyone on Zoom who participated. If there's anyone present in the room or on Zoom that hasn't had the opportunity to testify, please raise your hand. (PAUSE) Seeing no one else has raised their hand, either virtually or in person, I would like to note that written testimony, which will be reviewed in full by committee staff may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov.

We have now concluded public testimony. I want to thank everyone that has come to share their experiences with us today. Thank you, Chair Lee for your amazing leadership; it was great doing this with you. With that, I will now close this hearing.

(GAVELING OUT)

C E R T I F I C A T E

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

Date July 24, 2024