

**Testimony of Senior Advisor Carlos Ortiz
New York City Department of Consumer and Worker Protection**

**Before the Committee on
Civil Service and Labor**

**Hearing on
Introduction 175**

September 6, 2022

Introduction

Good afternoon, Chair De La Rosa, and members of the Committee. My name is Carlos Ortiz, and I am a Senior Advisor with the Department of Consumer and Worker Protection (DCWP). Today, I am joined by DCWP's Acting Deputy Commissioner for the Office of Labor Policy and Standards, Elizabeth Wagoner, and our colleagues from the Human Resources Administration. Thank you for the opportunity to testify today on Introduction 175, relating to maximum working hours for home care aides.

Home care aides are some of our most essential workers, dedicating their lives to taking care of our loved ones. Approximately 325,000 home care workers in New York City provide vital assistance, comfort, and dignity to the people in their care, while working long hours and performing emotionally and physically difficult labor out of the public view.¹

Existing Municipal Protections for Home Care Aides

Since 2016, DCWP has been the home of the City's Paid Care Division, a first-in-the-nation initiative to focus on the needs of low-wage paid care workers.² Since then, DCWP has combined outreach, advocacy, and enforcement to uphold and expand the rights of paid care workers in New York City.

Through the Paid Care Division, DCWP has built relationships with paid care advocates and paid care provider organizations to help connect with workers and educate them about their rights. In 2017, this informed our reports, "Making Paid Care Work Visible" and "Lifting up Paid Care Work" that shed light on the experiences of paid care workers in New York City and better standards for their working conditions.³

DCWP has been at the forefront of advocating for enhanced protections for paid care workers. In 2018, in response to a proposed rule, we submitted comments to the New York State Department

¹ NYS Occupational Employment and Wage Statistics (OEWS) program.

² <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=2576392&GUID=632A3331-9DC6-4348-ADB6-AD9FFF5F03A7&Options=ID|Text|&Search=paid+care>

³ <https://www1.nyc.gov/assets/dca/downloads/pdf/workers/Making-Paid-Care-Work-Visible.pdf>;
<https://www1.nyc.gov/assets/dca/downloads/pdf/workers/Lifting-up-Paid-Care-Work.pdf>

of Labor (DOL) advocating for safeguards against wage theft for paid care workers scheduled to work 24-hour shifts.⁴ In 2019, we testified before the Council alongside our sister agency, the City Commission on Human Rights (CCHR), in favor of expanding the City’s Human Rights Law to cover domestic workers. And, during the early months of the pandemic, we worked to update the City’s Paid Safe and Sick Leave Law to allow domestic workers to accrue and use their safe and sick time at the same rate as other workers in New York City.⁵

DCWP has also proactively used its enforcement authority to go after unlawful workplace activity in the paid care industry. In 2017, our team investigated 42 healthcare agencies across the city, who collectively employed more than 50,000 workers, for violations of the City’s Paid Safe and Sick Leave Law.⁶ DCWP uncovered evidence of widespread labor violations by paid care employers and a follow-up joint investigation with the New York State Attorney General’s Office (OAG) resulted in settlements that secured over \$18 million in restitution and mandates to improve compliance with the law.⁷ DCWP also partners with state and federal authorities to identify and investigate complaints relating to labor protections outside of our jurisdiction.

The 24-hour Shifts and 13-hour Rule

Today’s legislation focuses on how certain home care workers are scheduled for their shifts when providing care as home care aides. Currently, the New York State DOL allows for home care aides to be scheduled for 24-hour shifts. For each 24-hour shift, an employer is required to pay the workers for at least 13 hours, if the worker is allowed 3 hours for meal breaks and an 8-hour sleep break, 5 of which must be uninterrupted sleep. If the worker does not receive these sleep and meal breaks, the worker must be compensated for the entirety of the 24-hour shift. Regardless, the industry is structured around the expectation that a worker generally will receive only 13 hours of pay for each 24-hour sleep-in shift.

Our understanding is that many home care patients pay for their care through Medicaid reimbursements. That Medicaid funding is directed to health insurance providers or local municipal agencies. These entities contract with local home care providers to employ the home care workers for the patient. Depending on the needs of the patient, a home care aide could be scheduled for 24-hour “live-in” shifts, for which the aide will typically only be paid for 13 hours of work.

Introduction 175

Introduction 175 would eliminate the practice of scheduling home care aides for 24-hour shifts by prohibiting shifts longer than 12 hours, consecutive 12-hour shifts, or shifts totaling more than

⁴ <https://www1.nyc.gov/assets/dca/downloads/pdf/partners/Advocacy-NYSDOL-24-Hour-Rule-071018.pdf>

⁵ <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3332139&GUID=9531B93E-8D47-48B6-8516-523D03EC932F&Options=ID|Text|&Search=339>

<https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=4624828&GUID=B01A59B0-49DF-413D-85F1-89A2902C9104&Options=ID|Text|&Search=2032>

⁶ <https://www1.nyc.gov/site/dca/media/pr090518-DCA-Announces-Findings-of-Investigations-42-Home-Care-Agencies.page>

⁷ <https://www1.nyc.gov/office-of-the-mayor/news/764-21/mayor-attorney-general-dept-consumer-worker-protection-18-8-million>

12-hours in a 24-hour period. It would also cap a worker's scheduled hours at 50 hours per week, although an employer could assign two additional hours per day, up to 10 hours per week, due to unforeseen circumstances. The legislation would be enforced by DCWP and by a private right of action.

DCWP believes that workers should be paid for all hours that they work. As we discussed in our 2018 comments to the DOL, the practical realities of paid care make it common for home care workers' sleep and meal periods to be interrupted. And, certain workers have described that even when they report sleep and meal interruptions, they are routinely not compensated for the full 24-hours when, as required, because their employers focus on keeping costs down. Many of the workers in this industry also identify as women of color and are immigrants, who have expressed fears of retaliation, or have in fact experienced retaliation, when they report that their rest periods have been interrupted or that they have not been fairly compensated.⁸ Working with the State to prohibit 24-hour shifts would help to address these fundamental concerns workers are raising around lack of rest and wage theft, as well as improve care conditions for New Yorkers.

However, prohibiting 24-hour shifts through this legislation could have unintended consequences on patients and workers. As I mentioned earlier, New York State DOL allows one worker to be paid for at least 13 hours of a 24-hour "live-in" shift. In prohibiting 24-hour shifts, this legislation would effectively require home care providers to pay at least two workers to cover an entire day for a home care patient. Unless there was additional funding, this would create added financial liability for home care providers that could result in reduced shifts for workers and reduced care for patients, including continuity of care, outcomes that would make both workers and patients worse off.

Conclusion

I would like to thank the Council for today's hearing and its commitment to addressing workplace issues that impact New York City's home care workers. As I mentioned at the beginning of my testimony, paid care workers are some of the most essential workers in our lives. DCWP and the Administration are committed to continued collaboration with workers, advocates, and policymakers to improve working and care conditions for all New Yorkers.

I look forward to our discussion and any questions you may have.

⁸ Ibid.



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Testimony of Richard N. Gottfried

New York City Council Committee on Civil Service and Labor, September 6, 2022

Intro 175: Maximum Working Hours for Home Care Aides

I am Assembly Member Richard Gottfried. I chair the State Assembly Health Committee.

I largely agree with the intent of Intro 175. However, it runs afoul of controlling state regulations of home health agencies and fiscal intermediaries, as well as federal statutes and caselaw that determine labor law related to 24-hour (live-in) shifts. I urge that Intro 175 be set aside and that the you work with state legislators and advocates on policies that will achieve these aims.

New York State law and regulations require Medicaid managed care plans and local social services districts, including New York City HRA, to provide 24-hour service plans, when necessary, in either split shifts of 12 or 8 hours each or a 24-hour shift, depending on the needs of the patient. In some cases, a 24-hour shift is in the best interests of the patient for continuity of care and other reasons. Were this bill to become law, home care agencies that receive these authorizations would be forced to either violate State rules or face fines from New York City.

In 2019 the state Court of Appeals interpreted state lawⁱ to say that home care workers may be paid for only 13 hours of work even if their shift goes well beyond 13 hours, even up to 24 hours, as long as five hours of sleep time, or three hours of mealtime is uninterrupted. I wholeheartedly disagree with this ruling.

I believe that if a worker is required to be present at the work site and prepared to perform duties at a moment's notice, then that worker is entitled to be paid for that time. Even if a home health aide is allowed to spend certain hours eating or sleeping, they are on duty during those hours.

I do not agree with the section of Intro 175 that would limit home care workers' work week to 50 hours. Medicaid financing covers little more than minimum wage for home care workers. While wages should improve somewhat under the recent enacted state budget, many workers need overtime income to support their families.

Payment and working conditions for home care workers must improve. I sponsor the NYS Fair Pay for Home Care bill (A.6329-A) which would increase wages to 150% of minimum wage. I also support bill A.3145-A (Epstein), which is similar to Intro 175 in many ways. The main difference is that the Epstein bill would change prevailing state wage rules, which is the appropriate regulation to amend, which Intro 175 cannot.

Local government action inconsistent with state law could cause significant harm to home care agencies and in turn, harm to home care workers and to the disabled and older New Yorkers who rely on these services.

Please reconsider this bill and work with state legislators and advocates for home care workers and their patients to enact meaningful change at the state level.

Thank you for this opportunity to testify, and I would be happy to respond to any questions.

ⁱ Andryeyeva v New York Health Care, Inc. and the related case of Moreno v Future Care Health Services, Inc.

1199SEIU

United Healthcare Workers East

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Testimony of Helen Schaub, Interim Political Director, 1199SEIU United Healthcare Workers East

Thank you for the opportunity to offer this testimony on behalf of the 200,000 New York City members of 1199SEIU, including over 50,000 home care workers. We appreciate the City Council's attention to the often very difficult, unsung and underpaid work of home care workers and the serious proposals on the table to improve their working conditions.

You will hear from 1199SEIU home care members directly during this panel. To begin, I'd like to offer an overview of the structure of the industry and our union's position on Intro 175.

1199SEIU homecare members have been organizing and fighting for many years to win dignity, respect, living wages and decent benefits. Part of that fight is to ensure that workers are paid for every hour they are required to remain in the home, taking care of clients.

Under the current home care system, some high-need consumers are authorized for 24-hour care. In those cases, a worker is present throughout the night in the event the consumer needs assistance. Federal and State law allows for the employers to pay only 13 of the 24 hours the worker is required to be in the home, discounting 8 hours for sleep and 3 hours for meals (provided the breaks are taken and the worker is uninterrupted for at least five of the sleep hours). Medicaid reimbursement for 24-hour home care services is currently based on the assumption that workers receive 13 hours of pay for those shifts.

We applaud the aim of Int 0175-2022/ Marte to eliminate 24-hour shifts and end this exploitative practice. Our union has successfully fought and won for workers to be paid for interrupted sleep and meal breaks, including through a \$40 million arbitration award, but we believe workers should be paid for every hour they are required to remain in the home. Capping the daily shift at 12 hours could accomplish this goal if – and only if – the additional hours are funded through the state Medicaid program.

According to 2019 cost report data, there were 17,780 unique individuals receiving Medicaid-funded live-in care in New York City, with a cumulative 2.1 million days of service. At 2022 projected reimbursement rates, that will require an additional Medicaid investment of \$645 million. Without funding, managed care plans and providers – the vast majority for-profit -- will have a powerful financial incentive to abandon the highest need consumers, moving them to nursing homes where Medicaid pays fee for service.

In order to avoid this unintended consequence, the City Council should amend this bill to align the effective date with the State budget. An effective date of July 2023 would ensure the state could both allocate the additional Medicaid funds and add them to the managed care rates.

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An additional provision of Intro 175 caps sets a weekly cap of 50 hours per agency. We are opposed to this provision and ask that the City Council amend the bill to remove it.

As you may know, for many years home care workers were excluded from the overtime protections of the Federal Fair Labor Standards Act because of racist provisions targeting domestic and agricultural workers. Home care workers waged a long struggle to end this exclusion, including through a case, *Coke v. Long Island Care at Home*, that our union supported all the way to the Supreme Court.

Capping the workweek at 50 hours per employer, as this provision does, will limit home care workers to 10 hours per week of time and a half overtime. As workers continue to fight for fair pay, many need to pick up additional shifts to make ends meet. Under this provision, they will be forced to do so at multiple agencies, losing their right to time and a half and having to work even more hours to make the same amount. This is an ill-considered proposal that will harm, not help, workers, and undermine the hard-fought right to overtime pay.

Grace Lee - Democratic Nominee for State Assembly, AD 65
Testimony for Intro 0175
September 6, 2022

Thank you for the opportunity to testify today. My name is Grace Lee. I am the Democratic nominee for State Assembly representing Lower Manhattan.

The home health care worker industry has systematically exploited its workers for decades while people in power have turned a blind eye. While being tasked to serve our most vulnerable community members, the industry abuses and exploits their own aides, who are overwhelmingly immigrant women of color.

I stand in solidarity with the women of our communities – our mothers, sisters and aunts – the home health care aides, who have risked their lives to care for our community's loved ones during this pandemic. Many of these dedicated women have been forced to work 24 hour shifts, sometimes consecutively with no breaks, while being paid for only 13 hours per day. This is not just wage theft; it is exploitation. We need transformational change.

I also want to remind those who are in power that we should not pit workers who have been exploited against the patients they care for, who are often seniors and individuals with disabilities. Patients deserve quality, competent care by people who are well-rested and paid fairly.

This is an issue of racial and economic justice. I support this bill, which will end 24-Hour Shifts to establish safe working conditions for home care workers, and ensure quality care for our seniors, individuals with disabilities, and all patients.

Thank you.

Testimony in Support of Int. 175

September 6, 2022

My name is Juliet Emerson-Colvin, and I'm with the Ain't I A Woman Campaign. As a fellow worker, I understand that the working conditions of immigrant women of color home care workers impact those of all workers. The normalization of long hours and the expectation that you will prioritize work over your own family, health, and well-being is prevalent, whether you work in a corporate office, the back of a restaurant, or your patient's home. For these women workers, it is more than an expectation. It's a demand that they give up their entire lives, without compensation for half the time they work. I know that ending the 24-hour workday for home health care workers with Intro 175 will improve the lives of working people across the city. And I can relate to the feeling of understanding the value of your work and wanting to do a good job, but also feeling frustrated and debilitated by working conditions that don't allow you to do so. Ending the 24-hour workday gives home care workers the time to rest, recover, and spend time with their families as well as the ability to provide the quality care that patients deserve and that society depends on.

When talking to people about the fight to end the 24-hour workday, some have responded that there simply isn't enough Medicaid funding to pay for split shifts and so splitting the shifts will result in the collapse of the industry. First of all, I don't understand why workers should have to suffer because insurance companies and legislators cannot secure funding to pay them what they are owed by law. If the industry supposedly cannot survive without safe working conditions and fair compensation, then the industry is built on the exploitation of those workers. Second of all, the funding exists to cover split shifts for every other city in the state. This tells me that scare tactics about the collapse of the industry come from a fear that the industry will be remade in a way that actually values workers' power and treats them like human beings, instead of disrespecting and marginalizing them whenever they raise their voices to demand justice. It is embarrassing that this city cannot protect immigrant, women of color home care workers in the way that every other city in the state and every other state in the country can.

TESTIMONY OF DIANE BARRETT**VICE PRESIDENT OF GOVERNMENT RELATIONS AND PUBLIC AFFAIRS, ARCHCARE****NEW YORK CITY COUNCIL****COMMITTEE ON CIVIL SERVICE AND LABOR****September 6, 2022**

Good afternoon. I am Diane Barrett, the Vice President of Government Relations and Public Affairs at ArchCare, the healthcare ministry of the Archdiocese of New York. ArchCare is one of the nation's largest and most dynamic not-for-profit Catholic healthcare systems. ArchCare provides quality care to over 9,000 patients of all faiths daily and offers a full range of services. Our services include home and community-based and residential care programs, including health plans and nursing home alternatives, adult daycare, long-term skilled nursing care, short-term rehabilitation, home care, assisted living, hospice, an acute care specialty hospital, and services for people with Huntington's disease, HIV/AIDS, developmental disabilities, and other specialized care needs.

ArchCare appreciates the New York City Council's hard work and steadfast dedication to protecting New York's home health aides. Home health aides provide essential daily services and support to people with age-related disabilities, chronic health conditions, or other physical, intellectual, and developmental disabilities; they are a vital part of the healthcare continuum in New York City. Although we agree with the spirit and intent of Intro. 175, we have concerns about the proposed legislation. The bill, as proposed, will open an array of unintended consequences, and jeopardize the health of thousands of New Yorkers that rely on in-home services. **Specifically, ArchCare is concerned that the law will further exacerbate New York's health care shortage and will threaten the care regimen for thousands of New Yorkers that receive twenty-four-hour care in their own homes. We offer the following recommendations.**

Staffing Shortages

Home and community-based services is critical to the lives of thousands of New Yorkers. In-home services allow seniors to receive day-to-day help with the personal care they need, preserving their dignity and maintaining a good quality of life by allowing patients to age in their own homes. In a poll conducted by Morning Consult in August 2021, they reported, *"Over nine in ten Medicare beneficiaries (94%) say they would prefer to receive post-hospital short-term health care at home."* HCBS gives patients the healthcare choice they desire.

Home health aides assist with a variety of activities of daily living can include bathing, grooming, and medication reminders. It is a vital service for over 365,000 New Yorkers. The breakdown of patients utilizing HBS for each borough is outlined in the table below.

Borough	CHHA	LCHSA	Hospice	Total
Bronx	32,563	81,323	2,732	116,618
Brooklyn	40,715	121,066	4,245	166,026
Manhattan	28,430	69,816	4,401	102,257
Queens	47,028	79,630	5,064	131,722
Staten Island	4,311	13,391	1,168	18,870

(Information provided by Home Care Association: State of the Industry 2022 pp.6-7)

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Although New Yorkers rely heavily on home health services, the number of people who can receive services is diminishing. The Covid-19 pandemic exacerbated a health care worker shortage that has particularly hit the home care industry. According to the Home Care Association of New York currently:

- 98% of agency owners admit that the caregiver shortage has had a negative impact on their business—which means only 2% of providers felt like they had adequate staff to run their agency.
- To make matters worse, agencies who reported that the shortage caused an *extremely* negative impact jumped by nearly 10% from last year.
- Agency owners haven't struggled with caregiver shortages this much in 3 years

And the shortage is expected to worsen. According to Mercer, in its August 2021 report, *Demand for HealthCare Workers Will Outpace Supply by 2025*; home health will have the most significant deficit of workers over the next few years. By 2025, the United States will need over 446,000 workers to meet patient demand. In New York, the worker shortage has adversely affected patient care. The Consumer Directed Personal Assistance Program of New York State reports that in 2021, over 74% of New Yorkers needing home health aides could not retain a worker. When health care workers are unavailable, patients do not receive the care they need.

Issue: Intro. 175 does not align with New York's current healthcare realities; it will further aggravate our healthcare worker shortage and threaten the needed resources for thousands of New Yorkers that rely on homecare services.

Limiting the Scope of Care

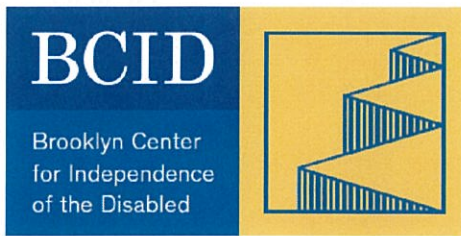
New Yorkers who are homebound or require twenty-four-hour care often choose to stay at home with a live-in home health aide. Live-in caregivers give seniors with complex needs an alternative to nursing home care. Having twenty-four care allows patients to stay out of institutionalized care. Often live-in caregivers provide meal planning and preparation, assistance with grooming, dressing and toileting, medication management, laundry and light housekeeping, and transportation/escorts to doctor's appointments or social engagements. Further, having a live-in caregiver provides socialization and companionship for an individual with no family. This care regimen provides critical care needs for thousands of New Yorkers.

Intro.175 would jeopardize this care coordination for vulnerable New Yorkers who need live-in caregivers. By limiting the number of hours an aide can work to twelve hours, a provider must find two aides to cover a twenty-four-hour shift when healthcare staff is limited; for homebound patients that are used to their caregivers and rely on twenty-four-hour care services this would be an especially difficult task. The alternative for these patients would be institutionalized care. Further, Intro 175 limits the scope of care by restricting the flexibility needed in long-term care. By limiting the shift to twelve hours, the legislation does not consider potential emergency room visits, doctor appointments that are running late, paperwork that will need to be completed before a shift ends, or other unforeseen emergencies. Healthcare is fluid, and people's needs change unexpectedly; this legislation fails to consider the different circumstances that arise and limits the scope of care that may need to be delivered.

Issue: Before any law advances, the New York City Council must consider its impact on patients receiving twenty-four-hour care in their own homes and if it will potentially destabilize their current healthcare regimen.

Conclusion

Thank you for the opportunity to speak today. We appreciate your commitment and staunchness to protecting New York City's home care workers – they are a valuable and critical part of New York's healthcare continuum. ArchCare looks forward to working in partnership with the New York City Council to ensure that essential long-term care services remain robust and available to our City's neediest and most vulnerable citizens. I appreciate the opportunity to provide these perspectives and recommendations today.



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**SPOKEN Testimony of Elizabeth Valdez
Systems Advocate before the
New York City Council Committee on Civil Service and Labor
on Intro. 175**

September 6, 2022

I'm Elizabeth Valdez, the Systems Advocate for the Brooklyn Center for Independence of the Disabled (BCID). ~~BCID is an independent living center, a not-for-profit, non-resident organization providing an array of services and advocacy to people with disabilities.~~ Our primary mission is to empower people with disabilities to live independently in their own homes and communities. I testify today on behalf of BCID and on my own behalf.

I receive homecare, and this legislation would have a hugely negative impact on my life. It would affect me because right now there is a shortage of home care workers, and I would have to scramble to look for another worker. What you may not understand is that finding aides is not an easy task because it takes time to locate the right person to work with. You develop a relationship with a home care worker, who helps us with our most intimate activities of daily living. Getting dressed, bathing, using the bathroom, cleaning and on and on. You don't want to have to bring in different people for those private moments, but that is what Intro. 175 would force us to do.

BCID opposes Intro. 175 because it will put tens of thousands of disabled New Yorkers at grave risk, not just me. The bill is a well-intentioned effort to protect home care workers. And there's no doubt: Workers deserve fair wages and other protections. We support that. And we have gone to Albany repeatedly in support of the #FairPay4HomeCare campaign and other bills to protect home care workers.

But this legislation pits workers against disabled people, the last thing the Council should be doing. Beyond that, Intro. 175 would take away life-saving and life-sustaining care and instead create a path directly to nursing homes.

Here's why Intro. 175 is fatally flawed: ~~The bill would:~~

- **The bill would put agencies and home care recipients in direct conflict with New York State law**, which governs Medicaid. State law allows live-in aides and other aides to work more than 50 hours a week. But if Intro. 175 became law, agencies and anyone receiving care would be caught in the middle: Either adhere to City law or State law. Where would that leave disabled New Yorkers?
- **The bill also would cause some recipients to lose their coverage and end up in nursing homes.** If we've learned anything from the Covid-19, it's that lawmakers should do everything in their power to prevent people from entering these deathtraps, not make it more likely. Capping home care workers' hours won't eliminate the need for home care, but it would make it much harder to fill positions in the face of severe worker shortages and the need to find and train additional workers.

Without needed care, the 17,780 disabled New Yorkers who have live-in aides, and many others who get more than 50 hours, would quite literally be risking their lives. They would be unable to get out of bed, go to the bathroom, shower, and do other basic activities of daily living without the personal care assistance they need. In the end, they'll be faced with the difficult choice to either stay in the community without adequate care or enter a nursing facility.

- ~~• **Put the City in the unusual position of telling private workers they cannot voluntarily work overtime, even though the City is generous with unrestricted overtime for its own employees. For example, it spent \$750 million on police overtime in 2021-22. When home care workers are forced to limit their hours, consumers will struggle to find workers to fill those open shifts.**~~

We urge the Committee and the Council to reject this unworkable, unfair bill. There are ways to make working conditions fairer while not sacrificing the very people that keep home care workers employed. We urge supporters of this bill to join with us to advocate for reform at the state level, including fair pay for home care workers. Thank you.

Highly Esteemed Council Members:

Bronx Independent Living Services (BILS) shares the same concerns that many individuals and organizations have already expressed. Although Intro. 0175 has good intentions, it is, nonetheless, severely flawed and will cause irreparable harm to persons with disabilities and the elderly up to and including forced institutionalization. Moreover, the passage of Intro. 0175 will spawn financial harm to a fleet of healthcare workers that stand to lose pay and/or be severely inconvenienced by potentially having to piece hours together with different clients. And this is not to mention the many other negative consequences. The tension between State and City funding, or lack of City funding, further exacerbates the potential damage this Bill will indeed cause.

As an Independent Living Center (ILC) representing the Bronx and servicing the entire NYC, we urge your respective offices to re – consider and in fact withdraw your sponsorship.

Thank you for taking time out of your busy schedule to hear our concerns. In many ways, we are relying on you for our freedom.

Sincerely,

Soji Adu
Deputy Director
Bronx Independent Living Services
4419 Third Avenue Suite 2C
Bronx, NY 10457

**Testimony to the New York City Council
Committee on Civil Service and Labor**

Submitted by:

Bryan O'Malley
Executive Director

Consumer Directed Personal Assistance Association of New York State
(CDPAANYS)

Good afternoon to the members of the committee. My name is Bryan O'Malley. I am Executive Director for the Consumer Directed Personal Assistance Association of New York State, or CDPAANYS, an organization that works to provide education and advocacy on the New York State Medicaid program's consumer directed personal assistance program (CDPA). I appreciate the opportunity to talk to you today about why, despite our long support for community-based long-term care and home care workers rights, we strongly oppose Intro 175.

Many who are directly impacted by this bill have spoken about what it would mean to them. Because of that, I want to address more completely the factual errors that have been made by proponents of this legislation.

The sponsor and advocates state that home care agencies are intentionally assessing people at live-in in order to exploit their workers and maximize their profits. Further, they have said that this is only happening in New York City, and that in other areas of the state, live-in does not exist and everyone gets continuous care, or split-shift.

The facts could not be more at odds with this rhetoric. And the facts are spelled out in State and Federal law and regulations.

Further, when we look specifically at CDPA, state regulations and guidance do even more to block the type of action that Intro 175 would seek to require of agencies.

State and Federal regulations and law dictate eligibility for services and assessment levels

New York State Department of Health (NYSDOH) regulations at 18 NYCRR 505.14 (personal care) and 18 NYCRR 505.28 (CDPA) define "continuous personal care services", "continuous consumer directed personal assistance", "live-in 24-hour personal care services", and "live-in 24-hour consumer directed personal assistance."

A Medicaid recipient qualifies for continuous personal care or CDPA if he or she is in need of "...assistance...with toileting, walking, transferring, turning and positioning, feeding, home health aide services, or skilled nursing tasks, and needs assistance with such frequency that a live-in 24-hour consumer directed personal assistant would be unlikely to obtain, on a regular basis, five hours daily of uninterrupted sleep during the aide's eight hour period of sleep."¹

They qualify for live-in 24-hour personal care or CDPA if they need "assistance...with toileting, walking, transferring, turning and positioning, feeding, home health aide services, or skilled nursing tasks and whose need for assistance is sufficiently infrequent that a live-in 24-hour consumer directed personal assistant would be likely to obtain, on a regular basis, five hours daily of uninterrupted sleep during the aide's eight hour period of sleep."²

¹ 18 NYCRR 505.14(a)(2) and 18 NYCRR 505.28(b)(6)

² 18 NYCRR 505.14(a)(4) and 18 NYCRR 505.28(b)(11)

These definitions do not apply only to New York City. There are not different definitions for Nassau or Westchester or Albany. There cannot be. 42 U.S.C. 1396a Section 1902(a) is clear on this when it says a state's Medicaid state plan must, "provide that it shall be in effect in all political subdivisions of the State, and, if administered by them, be mandatory upon them."

Assessments are conducted by HRA, managed care plans, or Maximus - not agencies

To the claim that agencies are intentionally assessing people at lower levels in order to exploit workers and maximize profits, this too is wrong on the facts. Like the definition of continuous and live-in 24-hour services, the assessment process is laid out in intricate detail in regulations at 18 NYCRR 505.14 and 18 NYCRR 505.28.

This assessment process is extraordinarily thorough. It begins with an independent medical assessment of the individual by a health care professional provided by Maximus, the NYSDOH contractor, who determines if the individual can benefit from personal care services (including CDPA, if applicable)³. Once that determination is made, a nurse from Maximus is sent to the consumer's home to conduct a detailed assessment on a form called the Uniform Assessment System, or UAS.⁴ If conducted properly, the UAS takes anywhere between one and a half to three hours to complete, particularly on an initial visit.

The medical assessment used to be conducted by the Medicaid recipient's health care provider, and the assessment by the local district, in this case HRA, or the managed care plan. However, as of May 2022, the initial medical assessment and UAS assessment are conducted by the NYSDOH contractor Maximus.

Reassessments are conducted annually to ensure services are still appropriate. At this time, these assessments are conducted by the individual's medical professional and either HRA (in New York City) or the managed care plan.⁵ At some point in the future, Maximus will also take on the task of doing reassessments but this has not yet occurred.

The UAS measures the Medicaid recipient's need for services based on their requirement for Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and the environment in which the consumer lives, such as whether they are in a garden apartment or a 5th floor walk-up).⁶

For the purposes of a decision between 24-hour live-in services, the UAS will also determine whether or not the Medicaid recipient has a space in the home where the worker would be able to have a place to sleep that is private and can serve as a bedroom. In other words, a Medicaid

³ 18 NYCRR 505.14(b)(2)(ii) and 18 NYCRR 505.28(d)(2)

⁴ 18 NYCRR 505.14(b)(2)(i) and 18 NYCRR (505.28(d)(1)

⁵ 18 NYCRR 505.14(b)(3)(i) and 18 NYCRR 505.28(f)(1)

⁶ 18 NYCRR 505.14(b)(2)(i)(b) and 18 NYCRR 505.28(d)(1)(ii)

recipient in a studio apartment cannot qualify for 24-hour live-in services because there is not an adequate space for the worker to sleep.⁷

Once the UAS assessment has been completed, it is passed to HRA or the managed care plan. HRA or the managed care plan uses the information from the assessment to determine the plan of care.⁸ The plan of care is the list of services that workers will be providing for the consumer and can range from basics such as meal preparation and getting dressed to complex tasks such as ventilator care, suctioning, medication administration, and more. The tasks on the plan of care ultimately determine the number of hours that a consumer receives, including whether or not those hours should be 24-hour live-in or continuous care.

It is only once HRA or the managed care plan has developed the plan of care and issued an authorization for the number of hours that the agency, either the licensed home care service agency (LHCSA) in personal care or the fiscal intermediary (FI) in CDPA receive a copy from HRA or the managed care plan. In the case of a LHCSA, once they have received the plan of care and the number of hours authorized, they develop a plan to staff the case. For CDPA, the FI merely keeps the authorized hours on file in order to know how many hours they are allowed to bill either Medicaid or the managed care plan on behalf of the consumer.

This is because in the case of CDPA, the Medicaid recipient, now called a consumer, is the one who recruits, hires, trains, schedules, supervises, and, if necessary, terminates his or her workers.⁹ By regulation, FIs are not responsible for carrying out the responsibilities of the consumer.¹⁰ In recent years, the NYSDOH went one step further to indicate that this means FIs are not allowed in any way to interfere with the consumer's role in recruiting, hiring, training, scheduling, supervising, or terminating his or her workers.¹¹ In 2020, the NYSDOH interpreted this to mean that FIs could not in any way control consumer scheduling, including the scheduling of overtime.¹²

Stating facts as to who controls the assessment process does not pretend that the assessment process works well. CDPAANYS has worked with many in this room since before the implementation of managed long term care to improve that assessment process for consumers.

Because of a lack of accountability from the state, many consumers who deserve continuous care are not assessed at the proper level and do not receive it. A 2016 report by Medicaid Matters New York and the National Academy of Elder Law Attorneys - New York Chapter, found

⁷ 18 NYCRR 505.14(b)(2)(iii)(c) and 18 NYCRR 505.28(d)(3)(iii)

⁸ 18 NYCRR 505.14(b)(2)(iii)(e) and 18 NYCRR 505.28(d)(3)(v)

⁹ 18 NYCRR 505.28(h)(1)(i)

¹⁰ 18 NYCRR 505.28(i)(2)

¹¹ NYS Social Services Law §365-f(4-a)(a)(iii)

¹² New York State Department of Health. "RFO #20039 Questions and Answers." Page 16. January 31, 2020. https://www.health.ny.gov/funding/rfo/20039/docs/questions_and_answers.pdf. Accessed on: August 31, 2022. Refer to section on Joint Employment, Question 5.

that managed care plans were systematically issuing unjustified reductions in consumer hours, reductions that were overturned on fair hearing over 98% of the time.¹³

Specifically, of the 22 cases in the cohort receiving continuous care, 12 would have been lowered to 24-hour live-in and the remaining 10 would have been lowered even more dramatically. In fact, the study determined that plans would have reduced hours by over 19,000 had fair hearings not intervened to stop them.

Unfortunately, the administration of former-Governor Cuomo responded to this by making it more difficult for Medicaid recipients to receive home care or CDPA in the first place, and more difficult for them to fight inadequate assessments or reductions by managed care plans after the fact - not by introducing greater accountability for managed long term care plans, who continue to reap enormous profits from the New York State Medicaid program.

Medicaid laws are not subject to New York City laws

It has been clearly established that the provision of personal care and CDPA are heavily governed by Federal law, State law, and NYSDOH regulations. Because of this, and the way in which these rules interact with each other, New York City does not have the authority to prevent someone from being authorized for 24-hour live-in services. It also places FIs in an untenable legal position by fining them if a consumer schedules their worker for a 24-hour live-in shift or for over 50 hours in a week.

Regardless of whether New York City enacts Intro 175 into law, the New York Independent Assessor will continue to authorize people for 24-hour live-in services. They are required to under state law and under the contract with the state. If someone meets the qualifications for 24-hour live-in services and does not receive them, they can appeal under their fair hearing rights. An administrative law judge (ALJ) looking objectively at the case using only Medicaid eligibility guidelines will make a determination about services and authorize 24-hour live-in.

When providers receive an authorization for 24-hour live-in services, they will have to make a decision. The authorization that comes in will be for 24-hour live-in services. There is an authorization and billing code specifically for this service.¹⁴ A provider may not bill for the service using a different authorization code. So, if the provider does not provide the live-in service, they cannot bill. If they send the worker to the home for 12 hours, and bill using the 24-hour live-in billing code, they commit Medicaid fraud. If they provide the 24-hour live-in service, they are in violation of the City law and must pay a \$500 fine.

¹³ Bogart, Valerie, et al. "Mis-managed care: Fair Hearing Decisions on Medicaid Home Care Reductions by Managed Long Term Care Plans, June-December 2015". July, 2016. Medicaid Matters New York and National Association of Elder Law Attorneys: New York Chapter.

<https://medicaidmattersny.org/mltc-report/> Accessed on: August 31, 2022.

¹⁴ Ulberg, John. "DAL - Universal billing codes for Home and Community LTC." New York State Department of Health, 12/21/2016.

https://www.health.ny.gov/facilities/long_term_care/reimbursement/letters/dal_2016-12-21_billing_codes.htm Accessed on 8/31/2022.

In reality, the provider will not take the case. The disabled or older individual will go without services. This is not the outcome anyone wants.

In CDPA, the case is even more complicated. Again, the FI receives the authorization with a universal billing code for 24-hour live-in services. The consumer is told of this authorization as well and will schedule their worker, who they hire and supervise, to fill that need. The FI will face a fine from New York City for the consumer's scheduling decision. The \$500 fine is approximately \$125 - \$250 more than the reimbursement that the FI receives.¹⁵ That means if a mid-sized agency has 100 consumers who receive live-in services, they would face approximate daily losses of \$2,000. Annual losses for such an agency would be almost \$750,000.

Changes to state law will not inherently follow

Some advocates, and even the sponsor, have indicated they are aware of the discrepancy with state law, but that Intro 175 will force NYSDOH, the Governor, and the Legislature to act and change state law. Unfortunately, history does not bear this out.

When New York City, as well as Nassau, Suffolk, and Westchester counties, introduced local living wage laws to ensure workers received higher wages, legislation was introduced in Albany to ensure that these funds were made available in the Medicaid rates.¹⁶ While the bill was introduced and fought for every year for eight years, it never gained traction because the NYSDOH and the Division of the Budget consistently maintained the laws were local laws, not state laws, and therefore the state had no obligation to fund them.

There is nothing in the record to support a claim that their position would be different here.

A ban on overtime is unprecedented and will harm workers

The losses above do not even factor in the provision of overtime. The provision in Intro 175 that bans home care workers from working overtime in excess of ten hours per week is an unprecedented action infringing on an individual's ability to decide how many hours they want to work. What is worse is that, because of the low wages dictated by Medicaid's wholly inadequate reimbursement, many workers rely on these overtime hours to survive. If they are banned from working these hours they will either be forced to work cumulatively more hours across multiple agencies, or they will leave this already depleted workforce to earn more in private companies like Chipotle, Target, or Amazon.

¹⁵ Bureau of Long Term Care Reimbursement. "Consumer Directed Personal Care Agencies: April 1, 2022 Rates." https://www.health.ny.gov/facilities/long_term_care/reimbursement/cdpap/cdpap_personal_care_rates_2022-04.htm Accessed on August 31, 2022.

¹⁶ A.8695 (Paulin)/S.5583 (Spano) of 2005-06; A.1223 (Paulin)/S.3760 (Trunzo) of 2007-08; A.756 (Paulin)/S.4986 (Foley) of 2009-10; A.80 (Paulin)/S.3001 (Perkins) of 2011-12. "An act to amend the social services law and chapter 1 of the laws of 2002, amending the public health law, the social services law and the tax law relating to the Health Care Reform Act of 2000, in relation to the living wage adjustment of personal care services workers."

While laws against mandatory overtime are common, we do not know of laws against overtime at this level. CDPAANYS believes firmly that nobody should be forced to work overtime; however, to remove someone's ability to do so is the removal of their choice. This has particular implications here.

Last year, New York City spent \$762 million on overtime for the New York City Police Department, the second highest police overtime on record.¹⁷ 19% of whom are women.¹⁸ Overall, across all uniformed agencies (police, correction, fire, sanitation), overtime spending was \$1.8 billion, the highest on record.¹⁹ Overall spending on overtime for all of New York City, including non-uniformed agencies, was \$2.2 billion.²⁰

While spending record amounts on overtime for city workers, Intro 175 would have New York City limit the amount of money an individual in the private workforce can work. A workforce that is 92% women²¹.

Not only is this ban on overtime unprecedented and contrary to the City's own policies in relation to its own workforce, it will not even serve the purpose it is intended to serve. Presumably, this provision is meant for aides to work fewer hours. But of the two outcomes the provision will have, fewer hours is neither reality.

The first outcome will be that home care aides work more, not less. A PA working 60 hours for a consumer today at \$15/hour earns \$1,050/week. If forced to work only 50 hours, that pay will decrease to \$825/week, with no corresponding reduction in the cost of living. To make up that pay gap, the PA will be forced to find another consumer with another agency and take a second (or third) job working for them. To earn the \$225 difference, the PA will have to work 15 hours at the new agency, five more than they would have had to work otherwise.

Of course, this is not the only, or even most likely, outcome. In recent years the home care industry has seen people leaving in droves due to higher wages in fast food, retail, and other low wage, private sector employment opportunities. In a 2021 report by CDPAANYS, we found that statewide 52% of PAs quit to go another job with higher wages, and 6% quit due to insufficient hours. In New York City specifically, the higher minimum wage of \$15 meant that

¹⁷ McDonough, Annie. "NYPD, other uniformed agency overtime spending is on the rise." *City & State*. August 17, 2022.

<https://www.cityandstateny.com/policy/2022/08/nypd-other-uniformed-agency-overtime-spending-rise/375996/> Accessed on: August 31, 2022.

¹⁸ Police Department, City of New York. "Percent of Gender by Rank/Title." Data refreshed on 7/11/2022. <https://app.powerbigov.us/view?r=eyJrIjoizTI4OTRjZTYtNTYwOC00NzcxLTNhYTItOTU5NGNkMzIzYjVlIiwidCI6IjJiOWY1N2ViLTc4ZDEtNDZmYi1iZTgzLWEyYWZkZDdjNjA0MyJ9&pageName=ReportSection>. Accessed on: August 31, 2022.

¹⁹ Ibid.

²⁰ Ibid.

²¹ PHI Workforce Data Center. "Direct Care Workers by Gender, 2019." <https://www.phinational.org/policy-research/workforce-data-center/#var=Gender&states=36> Accessed on: August 22, 2022.

fewer people, or 28%, quit because of the low wages. However, the number that quit due to insufficient hours doubled and was at 12%.²²

If over one-third of those in the workforce were leaving the industry previously because of low wages or insufficient hours, a ban on further hours and hence higher wages can only drive that number up. It will offset the potential impact of the \$2/hour wage increase taking effect on October 1, and cause even greater disruption within a sector already experiencing a worst in the nation workforce crisis.

Conclusion

CDPAANYS is committed to ensuring that home care work is valued. For years we have worked on legislation at the state level that builds community-based long-term care. We have worked with partners such as 1199, the Legal Aid Society, Medicaid Matters New York, JFREJ, and Caring Across Generations. Most recently, we have played a leadership role in the fight for Fair Pay for Home Care, demanding that wages equal at least 150% of the minimum wage - a standard that was picked due to the fact that New York City's living wage, before the state minimum wage increased in 2011, was approximately 150% of the minimum wage and afforded home care workers the ability to earn a higher wage.

Last year we achieved significant victories, securing a \$3/hr. wage increase over two years and indexing a home care minimum wage to the minimum wage. We remain steadfast in our fight for Fair Pay for Home Care and ensuring wages for PAs, PCAs, and other home care staff can earn a fair living without having to work overtime unless they want to.

We are also committed to working with Assemblymember Harvey Epstein, Senator Roxanne Persaud, Senator Gustavo Rivera, and the next chair of the Assembly Health Committee to ensure that the state legislation eliminating live-in services and reforming the assessment process is enacted at the state level - where we can do it properly.

As we continue to fight for broad investment in home care, honoring of the Americans with Disabilities Act and the late Justice Ginsberg's decision in *Olmstead v L.C. (by Zimring)*, we hope the New York City Council will join us and fight alongside us for these, and other, critical investments. Together we will create a better New York for home care workers and those who rely on them. But today, this legislation is not the answer.

Thank you and I am happy to take any questions.

²² Battista, Julia. "The High Cost of Low Wages: A home care system in crisis." October, 2021. <https://cdpaanys.org/wp-content/uploads/2021/11/Final-High-Cost-of-Low-Wages-Report.pdf>. Accessed on: August 31, 2022.

Hello everyone,

My name is José Hernandez and I am the Community Organizer for the Consumer Directed Personal Assistance Association of New York State also known as CDPAANYS. We work to build and strengthen CDPA for the consumers who use it and the fiscal intermediaries who administer it.

I am here as a person with a disability and someone who has had a Live-in home care worker for over 10 years. Intro 0175, although well intentioned, will have unintended consequences for seniors and people with disabilities who require Live-in services to be able to live at home and be active members of their community.

Home care agencies will be put in an impossible position, the City Council is going to fine home care agencies \$500 per day for services that are authorized by state and local agencies using Medicaid guidelines. This is either going to bankrupt home care agencies who decide that they are going to continue to provide care to their most vulnerable patients or they are going to stop providing Live-in services to patients that are authorized these hours by state and local agencies. These patients are either going to go with inadequate care that could lead to health complications or force them into nursing homes against their wishes.

The city bill fails to address funding, since home care is mostly a Medicaid funded program any change to the home care hours will require additional costs. Changing a case from Live-in to a split shift, will require additional home care workers, of which there is a historic shortage, at a greater cost to the state. If people with disabilities and seniors who used Live-in services are denied split shifts, , they will be in imminent danger of harm by injury or nursing home placement.

In regards to the 50 hour rule, you are going to limit home care workers who are some of the least paid workers in New York State from being able to access overtime pay. I have a home care worker who works 60 hours per week. The additional money from overtime pay allows them to afford their rent. New York City has authorized \$750 million in overtime pay for the NYPD yet the City Council wants to limit home care workers from earning overtime pay. This will not cause home care workers to work less hours this will actually force them to work more hours with different agencies to be able to maintain the same level of pay that they would normally receive working overtime pay.

It saddens me that we are even here. Home care is always under attack in one form or another, people with disabilities and seniors are made to feel bad because we require home care services to be able to live independent fulfilling lives. Laws like Int 0175 never really take into account the full impact that is going to have, there are even legislators listening to this hearing that have heard the concerns of the disabled community and have done nothing to address them. It has been discouraging to have meeting after meeting with City Council members offices only to have them say we hear your concerns yet they are still cosponsoring this bill. I was also disappointed in hearing from Councilmember Restler who said that if this bill is passed the City

Council could use this bill as leverage to force the state to negotiate. However that leverage that Councilmember Restler was talking about is the lives of people with disabilities and seniors that are going to be seriously impacted.

Please do not pass this law, patients and home care workers should be working together in Albany to get this done. We have made so much progress over the last two years with the Fair Pay for Home care act. For the first time in history we are all advocating together and it is unfortunate that we are here on opposite sides of this piece of legislation. I am hoping that we can come together again in one unified voice to ensure that home care workers are respected and protected so that the patients are valued and well taken care of.

Thank you



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www.CIDNY.org

Center for Independence of the Disabled, NY

Testimony to the New York Council Committee on Civil
Service and Labor

Int. 175-2022

**A Local Law to amend the administrative code
of the City of New York, in relation to the
maximum working hours for home care aides**

September 06, 2022

Testimony by:
Heidi Siegfried, Esq.
Director of Health Policy
Center for Independence of the Disabled



A United Way Agency



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Center for Independence of the Disabled, NY

Good afternoon. My name is Heidi Siegfried, and I am the Health Policy Director at Center for the Independence of the Disabled, NY (CIDNY), a non-profit organization founded in 1978. CIDNY's goal is to ensure full integration, independence, and equal opportunity for all people with disabilities by removing barriers to full participation in the community. Our mission is to help people with disabilities access the care and services they need to live as independently and fully as people without disabilities.

This mission is supported for over 30 years now by the Americans with Disabilities Act, the civil rights statute that gives people with disabilities the right to participate in and benefit from all aspects of society to the same extent as their non-disabled peers, including access to long term care, and by the "Olmstead decision" authored by Ruth Bader Ginsberg which give people with disabilities the right to that care in the community and not in institutions like nursing facilities.

Intro. 175 is legislation that would introduce new chaos into the home care system and could jeopardize CIDNY's mission to ensure that people with disabilities receive the services and support they need to live independently in the community instead of institutions like nursing facilities. It would penalize home care employers who employ home care workers for more than a 12-hour shift and for more than 50 hours in a week.

We have spent our summer securing meetings with co-sponsors of the legislation to explain why this legislation is not the solution for 24-hour care in which the worker is paid for 13 hours on the theory that they get three one-hour meal breaks and eight hours of sleep, five hours uninterrupted, as it might seem at first glance.

Most long-term care is obtained through the New York State Medicaid program, given that Medicare provides limited long-term care, and few people carry commercial long term care insurance. New York's Medicaid program has been characterized as "too expensive" which led the former Governor to impose a "Medicaid Global Spending Cap". Long-term care was targeted as a driver of increased Medicaid, so that Governor required people eligible for Medicare and Medicaid and needing more than 120 days of long term care to get that care through a Managed Long Term Care Company that controls spending by denying people adequate hours of home care to live independently in the community. The second Medicaid Redesign Team sought to further restrict access to home care by limiting eligibility for it – a restriction which they have been unable to impose due to the federal requirement that New York not cut it's Medicaid program during the public health emergency if it wants to receive increased matching funds for it. The latest threat to people with disabilities and seniors who need home care at the State level has been the introduction of an "Independent Assessor" which low balls the number hours of care a person needs. People



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Center for Independence of the Disabled, NY

with disabilities and seniors have had to fight for every hour of care needed to live independently in the community.

And now at the city level we see Intro. 175 which will introduce additional chaos to the system.

CIDNY's Open Doors program (formerly Money Follows the Person) specifically works to transition people out of nursing facilities to the community. While our Open Doors transition specialists report that they secure split shift care for people who need 24-hour continuous care, we are aware that there are over 17,000 New Yorkers who have a Medicaid authorization for "live-in" care for which the home health worker is paid for 13 hours. We don't know what would happen to these New Yorkers and others should this legislation pass.

Since the *Dobbs* decision we have seen states prohibit certain health care requiring women who need that care raise the funds to travel to another state for a day or so to get the required care and return. If New York City becomes a "no-go zone" for seniors and people with disabilities who need the care that Medicaid will authorize, it will not be like post-Dobbs jurisdictions where a patient travels to another state for a day or so to get the care and return. People might have to relocate to a county outside of the five boroughs of the City, leaving behind families friends and social networks of support built up over a lifetime, or accept institutionalization in nursing facilities. What will this mean for New York State which is supposed to operate a statewide Medicaid program, not a program with different benefits and services available in different counties?

And the 50-hour limitation will mean that people who wish to work split shift for five shifts in a week to get overtime pay will not be able to.

CIDNY urges City Councilmembers to vote against this legislation and go back to the drawing board to identify another avenue to solve the problem that this legislation seeks to address. Thank you for your consideration of our testimony and that of our colleagues. For further information, or if you have any questions please contact Heidi Siegfried, CIDNY's Health Policy Director, at 646.442.4147 917-251-4981 or hsiegfried@cidny.org



A United Way Agency

**Testimony of Marcus Johnson, member of the Civics League for Disability Rights and
Independence Care System
New York City Council**

Intro 0175-2022 - Maximum working hours for home care aides

New York City

September 6, 2022

Introduction

To the members of the New York City Council,

Thank you for the chance to voice my deep concerns regarding Intro 0175-2022 - Maximum working hours for home care aides. I feel very strongly that this well-intentioned bill is actually one that will be a great disservice to people with disabilities, and will adversely impact their health, independence, and the crucial live-in services they receive in their communities.

I am a member of the Civics League for Disability Rights, a group of New Yorkers with disabilities and their supporters. The League remains committed to advocating for the constitutionally guaranteed right of people with disabilities to live independently in our communities. We strive to educate our community, assist New Yorkers with disabilities in being effective advocates, and amplify their voices to secure the services and supports we need to live our lives.

Addressing working hours for home care aides

For as long as I can recall, homecare has always been under attack. Year after year, people with disabilities unite to protest cuts to services and programs that ensure our health and independence, which we greatly value. This bill is no exception, and I implore you to reconsider it and fine tune this bill to make sure people with disabilities are provided the support they need to live their lives.

This bill will negatively affect the disability community, in many ways. This bill, as it stands, would impact roughly 100 of our members, who would lose access to live-in homecare and, ultimately, have no choice but to enter nursing homes—something we greatly oppose.

This is especially problematic because many of our members are adults with physical disabilities — not frail, elderly individuals living at home. Many are active and young, well below the age of 65, and live independently on their own, away from their families. They need live-in services to continue thriving independently, in their communities, without having their autonomy restricted and the hours of their homecare aides limited.

Those who require a number of homecare hours from their trusted aides would see reduced support, especially with the bill's 50 hour limit. This would put aides in a terrible position, where they would have to work through multiple agencies to deliver the same hours of care, despite the fact that, as consumers, we can only work with one agency. To cap aides' hours and

penalize agencies whose workers provide more than the 12 hours of care daily to a population that is already marginalized and vulnerable, is insulting, unfair, and unacceptable.

Another issue with the bill is the proposed fines to homecare agencies of \$500 per day for any instance where they send an aide to work over 12 hours or over 50 hours per week. This is a problem because state and local agencies using Medicaid's guidelines set home care hours, not the agencies.

And who is on the receiving end of the issue? I am. We are. Again.

If agencies conclude they don't want to incur the fines, or cannot afford them, people with disabilities take the hit. Much needed care will end. Some will have no choice but to enter nursing homes, places where independence dies and where the way we want our health needs to be handled far too often not taken into consideration.

Enough is enough. We need to do better.

We need a solution that preserves quality of care for people with disabilities. We need a solution where aides receive the equitable, livable wages they need – and deserve – to support themselves and their families. This bill is not that solution.

Aides providing essential services to one of our state's most vulnerable populations should not have their weekly hours capped. People with disabilities depend on these services now more than ever.

I strongly encourage you to rethink this legislation, and to connect with disability leaders and advocates, including leaders from Independence Care System and Consumer Directed Personal Assistance Association of New York State (CDPAANYS), to understand the perspective of people with disabilities and gain insight into ways that this bill can be re-worked to support all parties. I also encourage you to connect with state legislators and work with them on making changes at the state level where these Medicaid-related issues must be resolved.

Thank you.

Marcus Johnson
marcus.johnson@icsny.org

First, I would like to thank Speaker Adams and the City Council for this opportunity. My name is Anthony Caputo, and I am the CEO of Concepts of Independence. Concepts pioneered the first Consumer Directed program here in NY City, back in 1980, which allows individuals with severe disabilities to live in the community, like you and I, for over 4 decades.

My entire 43-year career has been involved in NY City home care. First, as a partner of a CPA firm that audited Home Care agencies, then as a fiscal consultant, and for the last 20 years, the CEO of Concepts. I have seen both the fiscal side and the human side of home care.

Proponents of this bill suggest, “Elsewhere in the state, patients requiring round-the-clock care have their cases split by 2 or even 3...” They also state that this bill will, “end the 24-hour workday..., mandating that all 24-hour shifts be split into two 12-hour shifts.” These statements are both not true. NY State has a consistent independent assessment process and if this bill is approved, live-in shifts will continue. However, elderly and disabled individuals will be left abandoned for 12 hours a day, forcing them into institutions, in violation of the Supreme Court’s Olmstead decision. For many, it will be a death sentence, since Consumers have said they would have their aide “pull the plug” before going into a nursing home.

Let me tell you a true story of Nancy, an 80-year-old polio survivor, spending the last 73 years as a quadriplegic. Polio has required her to use a respirator to breathe 24 hours a day. She also requires skilled nursing services that her CDPAS aide can perform, allowing her to live independently in her home for the last 45 years. Previously, she spent 28 years living in Goldwater Hospital. She states that during that time, “I had no independence and felt like I was in “prison”. If I remained, most likely I would not be alive today.”

During the pandemic she lost an aide and found it impossible to hire a replacement, especially with today’s labor market. She recruited 43 candidates, but either no one was qualified or those that were, were unwilling to accept a position with so many responsibilities. Therefore, the reality that this bill would create open positions that will be filled, is an unrealistic belief.

Here are some other facts:

1. Last year, at Concepts, the aide with the highest gross income earned \$96,000. If hours were capped at 50 per week, this aide would have earned only \$46,000,
2. We had 4,400 aides last year (in NY City) and dozens earned over \$60,000.
3. Based on prior year figures, this bill’s 12-hour daily limit would have affected 1,600 aides, covering all city council districts, by reducing 51,531 weekly paychecks.
4. The 50-hour weekly limit would have reduced paychecks for over 1,100 aides.
5. Also, NY State Social Services Law Section 365-f prohibits CDPAS agencies, like Concepts, from scheduling or managing the Consumer’s authorized plan of care.

Therefore, any fines imposed by this proposed bill for CDPAS Personal Assistants would most likely have to be imposed against the Medicaid recipient (Consumer).

In summary, this bill will result in an unconscionable unintended consequence to Consumers and a dramatic cut in wages to CDPAS aides.

However, here are some positive facts:

1. Ten years ago, an aide was making \$10.00 an hour and not paid extra for overtime. In 3 weeks, on 10/1/22, minimum wage for home care workers will go up by \$2.00/hour and an additional \$1.00 on 10/1/23, increasing wage parity in NY City to \$22.09/hour.
2. Therefore, an aide in NY City that is paid the entire amount as wages would earn overtime pay at \$31.64 this year and \$33.14/hour next year. Therefore, capping hours will drastically cut home care income in future years.
3. Also, even though Concepts has spent over \$5 million last year in unfunded overtime, because of the most recent state budget, CDPAS agencies (like Concepts) will now be able to bill Managed care plans for overtime.

In closing, the guardian angels that provide care are not just employed aides, but they are part of the Consumer's extended family. Therefore, **we all agree that live-in aides should be paid for all hours worked, but this bill will not accomplish what it is intended.** The reality is, we should drop this bill and all work together (Consumers, aides, advocates and local governments) to obtain the necessary funding to accomplish this.

Thank you.

Submitted by: Anthony G. Caputo, CEO, Concepts of Independence, Inc.

Date: 9/6/2022

From: The Ain't I a Woman Campaign
National Mobilization Against Sweatshops
CUNY School of Law students
To: Members of the New York City Council
Date: September 9, 2022

Memorandum of Support for the Passage of the "No More 24" Act (Int. 0175-2022)

The "Ain't I A Woman" Campaign and the National Mobilization Against Sweatshops, with the assistance of student volunteers from the City University of New York School of Law, respectfully submit to the New York City Council this memorandum in support of the "No More 24" Act (Int. 0175-2022) proposed by Council Member Christopher Marte. The "No More 24" Act limits any given New York City-based home healthcare aide's work shift from 24 hours to twelve hours and restricts an aide's workweek to fifty hours at the maximum. These regulations will curtail severe overwork and underpayment of home healthcare aides in New York City as well as the deleterious consequences of such conditions, including *de facto* poverty for these workers and harm to their health and well-being.

Legal Summary

The "No More 24" Act fixes a gap between New York State wage and hour law and the New York State Department of Labor's ("DOL") inability to enforce it. It is not proscribed by case law. Per controlling precedent, the New York State Court of Appeals must defer to the DOL's interpretation of wage and hour law. The DOL maintains that home health aides are eligible for only thirteen hours of pay during a 24-hour shift if they receive eight hours of time to sleep and three hours of time to eat meals. However, most home care workers simply do not receive this time to sleep and eat because their clients have acute needs and require near constant attention. At the same time, the DOL cannot enforce its wage and hour laws to ensure home

health aides are paid when they work more than thirteen hours per day. As such, home health aides are not paid for any work they perform in excess of thirteen hours. The “No More 24” Act would curtail the regular violation of wage and hour laws by extending protections to home health aides.

Home healthcare aides throughout the country and in New York

The home health aide industry is massive and growing. Home health aides are paid extraordinarily low wages, and the industry is heavily subsidized by public spending. According to *The New York Times*,

The industry is in the midst of enormous growth. By 2030, 21 percent of the American population will be at the retirement age, up from 15 percent in 2014, and older adults have long been moving away from institutionalized care. In a 2018 AARP survey, 76 percent of those ages 50 and older said they preferred to remain in their current residence as they age. In 2019, national spending on home health care reached a high of \$113.5 billion, a 40 percent increase from 2013, according to the most recent data from the Centers for Medicare and Medicaid Services.

The ranks of home care aides are expected to grow by more than those of any other job in the next decade, according to the Bureau of Labor Statistics. It’s also among the lowest paying occupations on the list.

Nearly one in five aides lives below the poverty line. In six states, the average hourly wage for home care aides is less than \$11, and nationally, the median pay has increased just \$1.75 an hour over the last decade, when adjusted for inflation.

Much of the aides’ low wages are paid for with taxpayer dollars — about two-thirds of home care revenue is through public programs, primarily Medicaid, according to the nonprofit PHI, which monitors the eldercare work force. The state and the federal government — and sometimes the local municipality — split the cost of Medicaid, which makes for varying rules from state to state, including on what services home health aides can provide.¹

Home health aides are primarily female, nonwhite, and older workers. In 2020, eighty-five percent of home care workers were women, and home care workers’ median age was forty-eight.

¹ Liz Donovan and Muriel Alarcón, *Long Hours, Low Pay, Loneliness and a Booming Industry*, N.Y. Times, originally published Sept. 25, 2021 and updated Nov. 1, 2021, available online at: <https://www.nytimes.com/2021/09/25/business/home-health-aides-industry.html>.

While people of color constitute forty percent of the total U.S. labor force, they make up sixty-three percent of all home care workers.²

The home health aide landscape is equally striking in New York State. According to a fall 2010 report by care industry researcher PHI,

Each day in the state of New York, over 210,000 individuals employed as home care aides provide essential daily services and supports to people living with age-related disabilities, chronic health conditions, or other physical, intellectual, and developmental disabilities. The projected growth of these jobs in response to the needs of an aging population—and a shift of service delivery to home- and community-based settings—make the home care workforce an important factor in economic growth and a critical element of health care policy and delivery.³

Since 2010, the New York home care industry has grown substantially. The number of home care aides in New York State was 478,620 as of May 2021.⁴

Since the demand for home healthcare aides will likely continue to grow, there stands a pressing need to improve working conditions, restrict working schedules, and increase remuneration for workers. The “No More 24” Act represents the best legislative tool to address these issues.

Controlling Court of Appeals precedent permits Int. 0175-2022.

As the City Council discusses the “No More 24” Act, it should anticipate opponents of the proposed legislation to reference recent decisions by the Court of Appeals of New York State concerning paid working time for home healthcare aides throughout the state: *Andryeyeva v. New York Health Care, Inc.*, 33 N.Y.3d 152 (2019) and *Moreno v. Future Care Health Services, Inc.*, 186 A.D.3d 594 (2020). *Andryeyeva* and *Moreno* presented, via “joint appeals,” a “common

² PHI, *Direct Care Workers in the United States: Key Facts*, 2022, available online at: <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

³ Carol A. Rodat (PHI New York Policy Director), *New York’s Home Care Aide Workforce* (Executive Summary), 1 (Fall 2010).

⁴ U.S. Bureau of Labor Statistics, *Occupational Employment and Wage Statistics: Occupational Employment and Wages, May 2021: 31-1120 Home Health and Personal Care Aides* (May 2021), <https://www.bls.gov/oes/current/oes311120.htm>.

issue [...] pursuant to the DOL's Miscellaneous Industries and Occupations Minimum Wage Order (Wage Order)" as to whether "courts must defer to an administrative agency's rational interpretation of its own regulations in its area of expertise." *Andryeyeva*, 33 N.Y.3d at 174 (quoting *Matter of Peckham v Calogero*, 12 NY3d 424, 431, 911 NE2d 813, 883 NYS2d 751 [2009]).

The *Andryeyeva* and *Moreno* cases originated from class-action lawsuits filed by home healthcare aides alleging deprivation of meal break periods and underpayment for hours worked during 24-hour work shifts. *Andryeyeva*, 33 N.Y.3d at 169-172. Although the Appellate Division of the Supreme Court of New York State ruled in favor of aides being compensated for each hour of such a shift, the Court of Appeals reversed that decision in March 2019. The Court of Appeals found that courts must defer to the DOL's interpretation of wage and hour law as applied to home care workers on 24-hour shifts.

In turn, the DOL maintains that per the Miscellaneous Industries and Occupations Minimum Wage Order ("Wage Order"), also known as the Minimum Wage Order Number 11 for Miscellaneous Industries and Occupations (12 NYCC part 142), home healthcare aides can be paid for thirteen hours during a 24 hour work shift only if the remaining eleven unpaid hours are allocated for sleep and meal breaks: eight hours for sleep, five of which must be uninterrupted, and three hours for meals. Under *Andryeyeva*, if aides do not actually receive time off to sleep and eat, they are entitled to compensation for the full 24 hours that they work.

The *Andryeyeva* decision cannot serve as a reason for voting against "No More 24" because neither the DOL nor the New York State Attorney General properly enforced the Wage Order. As a result, home healthcare aides are working for 24 hours per shift without commensurate pay. Per *Andryeyeva*, home healthcare aides should be paid for each hour of a

24-hour shift precisely because they work more than thirteen hours per day. As such the “No More 24” Act actually *fulfills* the public policy purpose of the *Andryeyeva* decision by the Court of Appeals: It restricts a work shift to twelve hours for home health aides, thus guaranteeing hourly pay as well as reducing risk of overwork.

According to the Wage Order, “the minimum wage shall be paid for the time an employee is permitted to work ... [A] residential employee—one who lives on the premises of the employer—shall not be deemed to be permitted to work or required to be available for work: (1) during [the employee's] normal sleeping hours solely because [the employee] is required to be on call during such hours; or (2) at any other time when [the employee] is free to leave the place of employment” (12 NYCRR 142-2.1 [b]). *Andryeyeva*, 33 N.Y.3d at 165.

The DOL’s interpretation rests upon the assumption that these aides already received, on a definite basis, at least eight hours of sleep and three hours of meal break time during any 24-hour working shift. This assumption is rarely borne out; home healthcare aides report working well beyond thirteen hours per shift.⁵

Since the Court of Appeals considers this DOL Wage Order interpretation to be rational, it has deferred to the DOL interpretation. By extension, the DOL can enforce the Wage Order per its interpretation. The *Andryeyeva* decision is infamous because, in conformance with the DOL’s interpretation of the Wage Order, combined with its failure to enforce wage and hour law, the Court of Appeals helped restrict home healthcare aides’ paid working time for a 24-hour shift. *Andryeyeva* remains the most definitive and recent case-law precedent for matters related to attendants’ minimum, overtime, and “spread of hour” wage claims. It authorizes full payment for

⁵ Caroline Lewis, *Home care workers turn to New York City Council to outlaw 24-hour shifts*, THE GOTHAMIST, August 31, 2022, available online at: <https://gothamist.com/news/home-care-workers-turn-to-new-york-city-council-to-outlaw-24-hour-shifts>; Caroline Lewis, *Round-the-Clock Care, Half-the-Clock Pay*, THE VILLAGE VOICE, August 2, 2018, available online at: <https://www.villagevoice.com/2018/08/02/round-the-clock-care-half-the-clock-pay/>.

home care aides when they work more than thirteen hours during a 24-hour shift, as is the industry norm.

“No More 24” is worker justice without a decrease in wages or services

The “No More 24” Act is a crucial intervention to fix the chasm between the Court of Appeals’ deference to the DOL under *Andryeyeva* and the failure of the Department to enforce wage and hour protections. The Act would prevent the illegal theft of wages from home health aides throughout New York City. But leave by the Court of Appeals to pass “No More 24” is not the sole reason to adopt the Act.

Home healthcare aides are primarily women of color.⁶ Their work is grueling, and it often results in disabling injuries. As such, the “No More 24” Act affords City Council an opportunity to advance racial, gender, and disability justice by recognizing the dignity of home health aides’ work.

While the New York State Assembly has proposed legislation protecting home health aides,⁷ such efforts have stalled, and the City Council remains best positioned to advance this cause. The majority of home health aides in New York State are located in the City of New York. The “No More 24” Act would thus offer relief to the majority of home health aides in New York State. Moreover, City legislation can act both as a model for parallel State regulatory reform and a catalyst for more public attention to the issue. Rather than supplant efforts to pass pro-home health aide legislation in Albany, “No More 24” would bolster their efforts.

⁶ See again the previously cited *New York Times* article: Liz Donovan and Muriel Alarcón, *Long Hours, Low Pay, Loneliness and a Booming Industry*, N.Y. Times, originally published Sept. 25, 2021 and updated Nov. 1, 2021, available online at: <https://www.nytimes.com/2021/09/25/business/home-health-aides-industry.html>.

⁷ Senate Bill S359A, available online at <https://www.nysenate.gov/legislation/bills/2021/S359>; and Assembly Bill A3145A, available online at <https://www.nysenate.gov/legislation/bills/2021/a3145/amendment/a>.

At the same time, the Act represents no threat to recipients of home care services or the wages of home care workers. Presently, home care workers often work in great excess of fifty hours per week, but their net wages lag far behind. Consequently, capping home health aides' hours at fifty hours, each and every hour of which would be compensated, does not threaten the overall earnings that home care workers would bring home.

Lack of funding is no excuse, either. Home healthcare agencies will claim they need more funding through public programs such as Medicaid and thus cannot dispense with 24-hour shifts. Their recent and current attempts to expand operations belie their claims. Nor is there the risk that home care agencies would have to downscale, thus reducing services available to care recipients and jobs available to home health aides. Put differently, the business model of home care agencies does not rest on undercompensation of aides; such agencies are simply exploitative.

Finally, recipients of home health care deserve quality services. Sadly, the habitual lack of sleep and meals that home health aides are subject to robs them of the ability to meaningfully care for their clients. This is an injustice to care recipients. Moreover, when many recipients are themselves immigrants, women, elderly, disabled, and of color, diminished quality of care impairs healthcare justice across the City of New York. Home healthcare aides must be given the opportunity to do their jobs equitably and safely, without detriment to their well-being, health, and incomes.

City Council should pass “No More 24”

The “No More 24” Act represents a court-sanctioned opportunity to fix state wage and hour law enforcement and deliver relief to thousands of home care workers throughout New

York City. It would advance the economic stability and well-being of working women of color and improve the quality of care afforded to clients, all without diminishing the overall provision of home care services or compensation for workers. For these reasons, we strongly urge the New York City Council to adopt the “No More 24” Act.

Testimony of Margaret Glover, President of Local 389, District Council 37
Before the City Council Committee on Civil Service & Labor
Opposing Bill Int 0175-2022
September 6, 2022

Good afternoon Chairwoman De La Rosa and members of the Civil Service and Labor Committee. My name is Margaret Glover and I am a District Council 37 member, and President of Local 389. We represent close to 7000 Home Care employees, who provide home care services to New Yorkers in need throughout the five boroughs. Many of the clients live alone, are elderly, or have medical conditions that make it impossible to live a normal life outside the confines of their homes. We are often their family because we are consistently there. We cook, clean, go with them to doctor appointments and all.

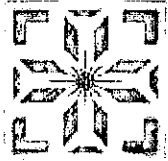
I want to start by thanking the council for prioritizing the working conditions of home care aides in New York City. This kind of leadership and attention is what we need to make sure caregivers are not being taken advantage of, and more importantly, that our patients are getting the best care possible. Bill Intro 175 would set a maximum of 50 hours per week that an employer could assign to a home care aide, and eliminate the 24-hour shift.

While the intension of the bill is to improve the working conditions of our members, as a home care worker for the past 42 years, I oppose this bill in its current state. Many of our members depend on being assigned overtime in order to meet the financial needs of their families. If you cap the amount of hour that an employee can work, you will be limiting how much they can earn. For our members, the real issue lies with how low our hourly rate is, and not with the amount of hours we work. However, we understand that there some home care aides in NYC that unfortunately face mandatory overtime. That is why we suggest prohibiting employers from enforcing mandatory overtime for home care aides. This would give home care workers the choice to work more hours, without being forced to.

I also have concerns on the elimination of the 24-hour shift. Although we only receive pay for 13 out of 24 hours we work, many of my members work the 24 hour shifts to provide a consistent and familiar face to their clients in need. For those of us who have friends or family members who need 24-hour care, we know how difficult it is to have strangers coming in and out of their homes. As home care aides, we work hard to build up trust with our clients. That is why we suggest focusing on increasing the amount of hours we get paid for out of the 24 hour shifts.

Once again, I am urging the Council to take the concerns of DC37 Local 389's members into consideration with this bill. We applaud your advocacy for us, and we are ready to be partners in tackling the issues we face at our jobs.

Thank you for the opportunity to testify before you today and I will be happy to take any questions you may have.



DISABILITY RIGHTS NEW YORK



www.drny.org



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518-432-7861

September 6, 2022

Jose Hernandez
United Spinal Association NYC Chapter
P.O. Box 286444, Yorkville Station
New York, NY 10128-0014

Dear Mr. Hernandez,

Thank you for contacting Disability Rights New York (DRNY). You asked DRNY to evaluate the impact that proposed NYC law, NYC Bill Int. No. 175-2022, a New York City labor law proposing to limit the hours a home health care/personal care aide (PCA) can work within a 24 hour period, might have on people with disabilities. DRNY concluded that the Americans with Disabilities Act (ADA), a federal civil rights law, likely supersedes the proposed law and may invalidate it if challenged in federal court.

DRNY is the Protection and Advocacy organization for New York State. At this time, DRNY neither supports nor opposes the proposed bill. The information below is provided to help explain the impact that federal law may have on this bill.

I. Levels of PCA Services

New York State laws and regulations establish requirements for people with disabilities to qualify for PCA services in their home. 18 NYCRR 505.14(d)(1). Those with the highest needs can be approved for "Continuous personal care services." 18 NYCRR 505.14(a)(2). In these cases, multiple PCAs will attend to the individual in shifts over the course of the 24-hour calendar day.

Many individuals do not qualify for this highest level of care, and instead qualify for "Live-in 24-hour personal care services." This is provided when

"the patient's medical condition needs assistance during a calendar day with toileting, walking, transferring, turning and positioning, or feeding and whose need for assistance is sufficiently infrequent that a live-in 24-hour personal care aide would be likely to obtain, on a regular basis, five hours daily of uninterrupted sleep during the aide's eight hour period of sleep."



DRNY has offices in Albany, Brooklyn and Rochester.
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18 NYCRR 505.14(a)(4).

Generally, for people receiving Live-in PCA level of care, the PCA can develop a consistent schedule and relationship with the individual to ensure they meet the individual's needs within the allotted work hours.

II. Federal Law Preventing Disability Discrimination

The Americans with Disabilities Act (ADA) of 1990 provides comprehensive civil rights protections to people with disabilities in state and local government services, including state-funded medical care and insurance plans. 28 C.F.R. § 35.130. For many people, Live-in PCA care may be a service within the definition set forth in Title II of the ADA, and therefore, required for the State to comply with the ADA. *Id.*

The ADA may preempt a City law that ultimately leads to unnecessary institutionalization. The Supreme Court has determined that

“under Title II of the ADA, States are required to provide community-based treatment for persons with . . . disabilities when the State's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with . . . disabilities.”

Olmstead v. L.C. ex rel. Zimring, 527 U.S. 581, 607 (1999).

Federal courts apply a two-tier inquiry when reviewing questions of whether a federal law preempts a state or local/municipal law, also called “federal preemption.” *Florida Lime & Avocado Growers, Inc. v. Paul*, 373 U.S. 132 (1963). The court must first ask whether there is “such actual conflict between the two schemes or regulation that both cannot stand in the same area.” *Id.* at 141. If the court finds an “actual conflict,” the inquiry ends and a court must conclude that federal law preempts the state or local law. *Id.*

If the court finds that there is no “actual conflict” between the state or local law and the federal law, then the court will look to Congress’ intent to preclude the state or local regulation at issue. *Pacific Gas and Electric Co. v. State Energy Resources Conservation and Development Commission*, 461 U.S. 190 (1983). Even where Congress has not entirely displaced [state or local laws and regulations] in a specific area, the laws and regulations can be preempted “to the extent that it *actually* conflicts with federal law.” *Id.* at 204.

A Federal court may determine that, because the ADA does not contain an explicit preemption provision, it must advance to the second tier of the preemption test to ascertain the intent of Congress. *Oconomowoc Residential Programs, Inc. v. City of Greenfield*, 23 F.Supp.2d 941



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Testimony Against Intro 0175 to the City Council – September 6, 2022

I am president of DIA, Disabled In Action of Metropolitan NY. Some of us have homecare so that we can live independently in our homes and not nursing homes. We contribute to society with the help of our homecare.

We are against Intro 0175 because it has the ability to destroy homecare and our lives with it. We are concerned about the effects of Intro 0175 and do not support it. It could create new problems. At some point in their lives, most people will need homecare. A just society takes care of everyone, not just some. We do not believe that overtime should be forced upon workers except in emergencies, but the essential issue is that the State of New York does not want to pay workers for all of their work.

We are concerned that people with disabilities who have homecare (which includes aides who help people outside of their homes) will be left alone and be unable to care completely for themselves. That would be dangerous.

When my husband became seriously disabled and ill, he could not get the care he needed. He needed 24 hours and the state offered live-in care, but I knew that the aides would not get enough sleep, nor would they be able to care for him adequately at night because he needed a lot of care at night. It was a huge dilemma.

Some aides like to work live-in jobs. Some want more overtime but the agencies stopped paying most overtime once the hourly rate increased by \$1 and overtime in unionized agencies had to be paid extra. What the aides have to do is work for several agencies and work even more hours. Some aides have tried working 12 hours on one job and 12 hours on the next one. Yes, 24 hours a day but they are getting paid for each hour. They need the money. Some aides are homeless and want to do a live-in. Some aides want to work longer each day and have more days off. They work it out with their CDPA employer.

It is almost impossible to get a fill-in aide when no one shows up, but people cannot safely be left alone.

This bill does not solve the problems that it purports to solve. It will create more problems. Who will be fined? The person who is disabled who is hiring the aides?

You can't try to force change from the State of NY by passing a NYC law. It will lead to chaos. The situation needs to be fair and it needs to be flexible while people get the care they need and homecare workers work the hours they want to and get paid for the hours they work.

Jean Ryan
Pansies007@gmail.com

September 8, 2022

Re: Int. 175-2022

Dear Council Member De La Rosa and Members of the Committee on Civil Service and Labor,

It is ironic that on September 6, 2022, the day after we celebrated Labor Day, your Committee, the New York City's Council's Committee on Civil Service and Labor held a hearing on a proposed bill, Int. 175-2022, a bill with the misnomer "No More 24 Act". This bill destroys the right of home care workers to determine for themselves when they want to work and how many hours they want to work. Further, it will jeopardize the lives of New Yorkers with disabilities and/or who are elderly who struggle on a daily basis to find home care services due to a National home care shortage.

I am not a home care worker nor am I a consumer of home care, but some day in the future I may need home care and so may you. As the daughter of a card-carrying Steamfitters Local 638 Union member and the recipient of a scholarship from my father's Union for college, I'm completely baffled by the short sightedness of this proposed legislation. This proposed legislation does not respect the right of the home care workers nor confronts and corrects the issues that it is being promoted as fixing. Contrary to the rhetoric being touted by City Council Marte and one particular organization, this proposed legislation will only make the lives of home care workers as well as the lives of the New Yorkers they so wonderfully assist worse not better.

New Yorkers with disabilities are keenly aware of the plight of home care workers, especially since many times New Yorkers with disabilities receive less than their co-workers and at times receive sub-minimal wages. Unlike the New York City Council, New Yorkers with disabilities have been at the frontlines with our state and federal legislators advocating for fair pay and benefits for home care workers even before it became fashionable.

I, an attorney, a proud life-long person with a disability and native New Yorker, want the very best for home care workers as well as for New Yorkers with disabilities and/or who are elderly that need assistance to remain in the community. However, I, unlike sadly some members of our City Council, do not want anyone to be placed in harm's way to attain this goal. I am NOT willing to gamble with my fellow New Yorkers' lives and I refuse to pit one marginalized group against another.

I was truly shocked by the way witnesses and legislators spoke about New Yorkers with disabilities and/or who are elderly, especially since we are the largest minority in New York and epitomize the intersectionality of New York City. We include every nationality, race, creed, sexual orientation, socioeconomic background, level of education and yes, some of us are immigrants or the children and grandchildren of immigrants. I personally know of families who immigrated to the United States because their child with a disability would have no life in their birth country. Do we not count? It seems you are willing to take a gamble with our lives to prove a point to the Governor, a Governor many of you support and whom you should already have her ear!!

You claim you care about these wonderful home care workers, but I did not see any City Council member up in Albany when New Yorkers with disabilities and/or who are elderly as well as the organizations they are members of were having meetings with Legislators, tweeting, emailing calling, demanding, protesting and getting arrested to try to get Fair Pay for home care workers in the State Budget. Where are you when you are needed? The resolution by the City Council supporting Fair Pay was all optics, no substance.

Why do we have to explain to you that without adequate funding your misguided bill will do nothing but cause great harm to New Yorkers? All New Yorkers, this bill will put in harm's way: the home care workers whose income will be cut, the clients whose services will be cut and the community at large when our taxes will rise because of the increased costs for hospital stays and forced incarceration in nursing homes.

If this City Council truly wants to make a change, why not provide additional funding for home care at the municipal level? As they say: "Put your money where your mouth is." Also, why not start an investigation of the one agency whose name kept popping up as being abusive to home care workers, mainly, the Chinese Planning American Council?

During the testimony, there was a recurrent theme that home care workers were forced to work 24 hours. I found it puzzling why no Council member delved into this particular issue. Further, I found it significant that not one Council member asked for more information on how these home care workers testifying were forced to work 24 hours and threatened that they would not get any other job since it seems to me that it is important to know who in the agency threatened them and forced them to work 24 hours, when did this occur as well as did they ever report this to anyone and if not, what stopped them from doing so?

These are important facts that I, a New Yorker, wishes to know more about so that effective changes are made to the system as a whole to protect these home care workers' rights and all workers' rights! Could the fact that for many of these home care workers English is their second language cause them to feel threatened and trapped? If that is true, what needs to be done immediately is that an ombudsman needs to be put in place to assist these home care workers, so they are not threatened and forced into work they do not want to do.

This bill does not recognize the many issues that need to be addressed on the federal and state level in order to improve the lives of New York City's home care workers and the consumers they assist. Further, it does not truly address the issues raised by the witnesses who stated that they are in favor of the bill. In fact, this proposed bill will do just the opposite since it prevents any home care worker in New York City from being able to work for one employer for as many hours as they need to, to pay their bills. Instead, this Committee mandates that it knows better than the worker, and that if you, a home care worker, want to make more money you now have to work for more than one employer and go to more than one job site every week. Can you explain how will this help home care workers spend more time with their families and have more income to feed their families?

This bill is being touted as the end to work 24 hours a day for home care workers, I wish that that were true. Regardless of all the wonderful optics, sadly, this is NOT TRUE!!!

This Committee completely ignores that live-in home care is a Medicaid entitlement for those who meet the qualifications. If your constituent, a New Yorker with a disability and/or who is elderly, meets the eligibility rules for live-in, and it is not authorized, they can file an appeal or a fair hearing request and, despite this misguided New York City bill, receive authorization for these hours. This bill will only penalize agencies and New Yorkers with disabilities and/or who are elderly for services the

Human Resources Administration and managed care plans contracted with the state are authorized under state laws and regulations to provide. Thus, contrary to what this Committee would like to believe, this proposed legislation cannot eliminate live-in home care with a magic wand. You are required to follow the law and uncontroverted facts, not ignore them.

I am totally amazed that this proposed legislation has been even permitted to be considered by this Committee when it seems to violate federal and state laws and totally disregards well known facts such as that there is a very critical shortage of home care workers which is exacerbated by the miserly wages they earn. This Committee needs to know that the United States Supreme Court has held that people with disabilities, which includes New Yorkers, have the right to live and actively participate in the community. ***Olmstead v. L.C.***, 527 U.S. 581 (1999). You cannot trample on the rights of New Yorkers with disabilities.

This proposed legislation flagrantly buries its head in the sand to the fact that there is a critical shortage of workers in the home care field. Instead, it specifically rejects the fact that such staff shortages exist and states "A staffing shortage shall not constitute an unforeseeable emergent circumstance." Significantly, however, just because someone says something does not exist does not change the facts. This Committee's failure to recognize staff shortages will not make them magically go away. Such an utter and complete rejection of reality will not change the lives of this Committee's constituents for the better. In fact, as shown here, it will do just the opposite since it will lead to even more of your constituents not receiving home care and their being forced into institutions such as nursing homes.

Significantly, this bill could subject your constituents who are disabled and or elderly who use consumer directed personal assistance to legal actions against them, including fines since under the proposed legislation these constituents who are a part of the Consumer Directed Model are "employers" under

administrative code section 20 - 1201. Specifically, under the New York State Department of Health rules, these consumers, not fiscal intermediaries, are responsible for scheduling the number of hours worked, deciding when home care workers should show up to work as well as directing what work needs to be done during the workday. Moreover, fiscal intermediaries cannot limit overtime in any way. Thus, if this bill passes, it will mean that the consumer will schedule services and the agency will have to pay a fine, even though the authorization of hours and the specifics of scheduling are outside of the fiscal intermediary's purview.

Frankly, under this proposed bill, in many instances, your constituents, New Yorkers with disabilities and/or who are elderly are the "employers," and thus, will be subject to this fine. It puzzles me that this City Council would want to fine their constituents, low-income New Yorkers trying to balance their very small income. This is just another example of the City Council's failure to understand home care consumer's potential personal liability for following procedures that are perfectly legal under state law but will no longer be legal under New York City law.

Your misguided attempt to fix home care here only threatens your constituents, New Yorkers with disabilities and/or who are elderly; the very people who voted you into office mistakenly believing that you and Public Advocate Williams would protect and not harm them.

Moreover, let us remember that children with disabilities receive home care and if this bill becomes law, their lives will be put in jeopardy because their access to 24 hours care will be denied and the only option will be a nursing home. Are you willing to be the one to tell them and their families that we are sorry, but you know we want to send a message to the Governor and Legislature using you?

Further, several witnesses labeling assisting your constituents with disabilities and/or who are elderly as sweatshop work is not only offensive, but totally unjustified and just plain wrong. According to Wikipedia, "A sweatshop or sweat factory is a crowded workplace with very poor, socially unacceptable or illegal working conditions. Some illegal working conditions include poor ventilation, little to no breaks, inadequate workspace, insufficient lighting, or uncomfortably/dangerously high or low temperatures."

Are people claiming that your constituents' homes are poorly ventilated, crowded, have insufficient lighting, inadequate heat or cooling? I was shocked by the audacity of some of the witnesses making such claims against New Yorkers with disabilities and/or who are elderly, but more significantly, I was dumbfounded by City Council members silence during such testimony. Would City Council members allow such outrageous testimony to be made about any other minority group without trying to correct the record? Of course not! If such an attack occurred there would be an outcry by many on the City Council. The silence here shows the ableist view of members of this City Council which finds it perfectly fine to allow others to cast aspersions on New Yorkers with disabilities and/or who are elderly. This is a fine example of bullying for young New Yorkers to witness and to see, worst of all, Council members remain silent when it occurred!!

In sum, the greatest champions for better wages and working conditions for New Yorkers who are home care workers are New Yorkers with disabilities and/or who are elderly and their families and friends as well as the majority of agencies and fiscal intermediaries because we all recognize and truly appreciate the work these wonderful New Yorkers and their families provide to New York City. However, passage of Int. 175-2022 will not improve these home care workers lives and probably will make their lives worse. If this bill becomes law home care workers' ability to earn money with one employer will be dramatically curtailed. Their options will be work for more than one employer

and spend more hours interviewing, traveling and completing more forms and result in additional hours away from their families or earn even less income. Of course, here we are assuming that there will be other employers to work for. However, this may not be the situation when agencies go bankrupt from fines and New Yorkers with disabilities and/or who are elderly are forced into hospitals, nursing homes or die for lack of care.

Thus, if you care about New Yorkers, please vote "No" for Int. 175-2022 and let us work together for a better solution that truly benefits all New Yorkers, the people you represent.

Respectfully submitted,

Kathleen Collins,
A Constituent of Councilwoman Rivera
Council District 2,
A member of Downstate New York ADAPT and
Disabled In Action of Metropolitan New York, Inc.

WRITTEN TESTIMONY OF GINA BARBARA IN OPPOSITION TO PROPOSED BILL INTRO 0175-22

Good afternoon, my name is Gina Barbara. I am one of the many advocates representing Downstate New York ADAPT. We are a grassroots non-hierarchical community of individuals with various disabilities. We represent five counties in New York City, two counties on Long Island, as well as Westchester, Dutchess, Orange, Rockland, Putnam, Ulster, and Sullivan counties.

I am strongly opposed to the proposed bill Intro 0175-22 for several reasons. We know that this bill is well-intentioned. Downstate NY ADAPT agrees that our home care attendants deserve a livable wage as well as sustainable working conditions, and we continue to advocate for them. Yet, we worry that this bill does not achieve the goal it is set out to and HARMS both disabled individuals and our workers.

First, there is a severe shortage of home care workers due to the poor salary they receive as an attendant, which is less money than an employee in the fast-food industry. These low wages make it quite difficult for consumers to even obtain care in the first place, and for workers to meet their financial needs. The proposed bill states that they will limit any one shift to no more than 12 hours in any, 24-hour period. The proposed bill further limits the number of hours one can work to 50 per week. Furthermore, the proposal adds that there may be availability for additional hours under “emergency” situations.

This leads to a huge problem for us disabled advocates who rely on home care attendants for daily everyday living. First, this bill exhibits a lack of understanding of the needs of the disabled community. We rely on home care to be active members in our society. Many need assistance with daily living skills such as transferring into and out of bed, transferring to the toilet, incontinent care, eating, cooking, bathing, dressing, and the like. These tasks are bodily functions and cannot be timed. It is difficult enough to find ONE home care worker to cover our hours a week, and NOW this bill wants us to find TWO to cover the same hours.

I also must address the usage of the word “emergency” as a direction for possible extension of hours. Can anyone define an emergency regarding this community on this council? If so, I am glad to hear an explanation. Firstly, if an individual who relies on home care does not receive the proper services or hours, they are automatically put in an emergency. The individual will be forced to be put into a hospital to receive care in a world where dangerous public health issues exist. (COVID-19, Monkeypox) placing them in danger of further illness but also costing exponentially more money than home care would. Other worse scenarios are being placed in an institutional situation such as a nursing home or assisted living facility. This will suspend an individual from being vital members of the community. They cannot have choices any longer and are unable to work, shop, go for a walk, go to dinner, a movie, or anything else in the community. It is important to note that these are things people take for granted every day, however at any time a person can become disabled and require home care services.

Furthermore, limiting our home care attendants from doing overtime does not help them survive. We must advocate for better wages and for flexibility for the hours they choose to work. If this bill passes, they will be forced to work a shift for home care and then search for a whole additional night-time job to match the salary they are used to. We must address the systemic issue that produces low wages for

women by getting to the root of the problem, which is not done by limiting hours they are allowed to work in one field.

In closing, I ask this council to oppose this proposal, as it is well intentioned but misguided. New York City cannot make a service that the State and Department Of Health authorizes illegal. This is a discourse clash, and a severe misunderstanding of Medicaid policy. This will be an immediate emergency if this proposal is signed into law. It also should be noted that individuals with disabilities are voters, and they have the power and privilege to vote people in as well as out of office. I thank you for the opportunity to speak before you today and request that you vote against this bill since there are better ways to tackle the issues this bill attempts, but fails to address, that is better pay and working conditions for home care workers.

Hi My Name is Joseph Damiano and I am here today representing Downstate NY Adapt and people with disabilities.

I am a person with a disability who wants equal opportunity for everyone who has a disability

Intro 0175 was well intended but will have dire consequences for seniors and people with disabilities who require the live in services to live in the community.

Agencies are going to get fined five hundred dollars on each day of service that are already authorized by state and local agencies using the Medicaid Guidelines.

People should be paid for the hours they work but the bill does not accomplish this goal.

This piece of legislation cannot take away the “live in” home care because it is an entitlement under Medicaid. If someone who is disabled or is an older New Yorker meets the rules of Medicaid regarding live in and it is not authorized they can file an appeal and get granted authorization to those hours.

It makes me upset to be here today having to defend people with disabilities because of home care. It seems like home care is always under attack and I hope for the future that we can find a solution to home care so we don't have to meet here that much.

In conclusion,

Many homecare workers choose to work 60 or more hours a week and rely on overtime to be afford rent and other necessities.

Thanks for your time today.

September 6th, 2022
Hearing on Intro 0175-22
Committee on Civil Service and Labor

My name is Nina Bakoyiannis, and I am writing on behalf of Downstate New York ADAPT. We are a chapter of the nation's largest grassroots disability rights organization. While Intro 0175-22 is well-intentioned, it is deeply, deeply flawed. It is true that home care workers are often exploited, right alongside us disabled folks. They work long hours for poverty wages, and we disabled people barely have enough staff coverage to survive as is. We agree that our home care workers deserve better, but this bill is based on optics and sloppy policy that clearly misunderstands Medicaid as a whole. We want to work together to create a better solution.

Firstly, this bill has many logistical issues. As the bill currently stands, an agency or a Fiscal Intermediary ("FI") would get penalized and fined for taking on live-in home care cases, or for having home care attendants work more than 50 hours per week. Meanwhile, Medicaid is a STATE and FEDERAL system - so, the Department of Health (DOH) and privatized Medicaid Managed Care Organizations will continue to assign disabled people live-in care. Thus, agencies will either refuse to take on our cases when this passes, or get fined for doing so. We have to keep in mind too that managed care organizations and companies are INCENTIVIZED to assign live-in cases instead of split 12 hour shifts because they only pay our workers for 13 hours of work for live-in care. That is ABHORRENT. However, this bill does NOTHING to address the root of this problem. It will only force those that are assigned live-in care to get reassessed by the State when they are not able to secure care to determine whether we are still "safe living in the community," and therefore, put at imminent risk of being coerced into a more costly and restrictive institutional placement. Let me ask this - do you plan on criminalizing the live-in nannies of all of your rich donors, or is it JUST low-income disabled people and home care workers that you are all comfortable with throwing under the bus? The outpouring of support for this bill demonstrates not only a lack of understanding of Medicaid policy, but a lack of respect for the jurisdiction that the state legislature and federal government have in their co-governance of New Yorkers. I suspect that neither group will take kindly to the City Council's contempt for their authority and may jeopardize federal funding. The disability community has come too far to suffer this massive of a setback. Medicaid is a STATE and FEDERAL SYSTEM: City Council creating Medicaid policy is MASSIVELY inappropriate and will violate federal and state laws.

I would like to highlight additional unintended consequences of this bill. Currently, there are TWO types of home care services in New York State. One is the traditional model where agencies hire home care workers and then assign us someone, while the other is the Consumer Directed model. In this model of home care, consumers control scheduling of their attendants because they are either joint employers with the Fiscal Intermediary (FI) that issues their pay, or the sole employer alone. Per New York State Department of Health rules, FIs may not schedule consumers' workers or limit overtime in any way. If this bill passes, it will mean that the consumer will schedule services and the agency will have to pay a fine, even though the authorization of hours and the specifics of scheduling are outside of its purview. Although

frankly, in this model, if we are sticking to the policy of us being “employers,” is the City Council really prepared to argue that a disabled person, who is low income by nature of being a Medicaid enrollee, should get fined? The City Council’s failure to understand the home care’s consumer’s potential personal liability for following procedures that are perfectly legal under state law further threatens your constituents, disabled and aging New Yorkers, the very people who voted you into office. The extent to which the City Council either misunderstands or ignores State Medicaid policy is disturbing.

Secondly, the rhetoric around this bill is problematic. Many have been comparing the role of a home care attendant to that of a sweatshop worker. That is an insulting comparison, to suggest that hiring someone to help me complete daily living tasks that allow me to live a dignified life and participate in the community (as is my right under the United States Supreme Court Olmstead v. L.C., decision, 527 U.S. 581 [1999]), is comparable to a corrupt employer at a factory demanding slave-like labor for profit. It’s insulting to us, it’s insulting to the skilled work that our home care attendants do, and it’s insulting to people who actually are forced to work in sweatshops. Discussing our most intimate care needs as “sweatshop work” makes US disabled people and our care needs the problem. It reflects the ableism and misogyny of our culture, feeding into the narrative that care work, or traditionally “women’s work,” is menial, degrading, and lacks value. This is a gross misrepresentation of caregiving, and will allow a cycle of resentment and abuse towards disabled New Yorkers and home care workers alike.

It is inappropriate and ableist of the City Council to frame disabled and aging New Yorkers, as well as our survival needs, as the cause of harm. We too are suffering. We too are trying to make ends meet. We use these services to get out of bed in the morning, to go to the bathroom, brush our teeth, to eat – the most basic human functions that so many take for granted every day. DO NOT pit two marginalized groups against each other. Such demonizing is NEVER the solution. It allows the REAL perpetrators of harm to run scott free while we all sit here pointing fingers at each other.

This bill is a hollow attempt to appear invested in workers’ rights while instead patronizing the home care workers who choose to work overtime and limiting consumers’ access to care during a national home care shortage. A shortage that this bill refuses to acknowledge when it states “A staffing shortage shall not constitute an unforeseeable emergent circumstance.” What exactly constitutes an emergency, then? Just because someone says something doesn’t exist does not change the facts: the staffing shortage is an inherent emergency for disabled individuals. This is a matter of whether or not we are getting out of bed in the morning. This Committee’s failure to recognize staff shortages will not make them go away. Such an utter complete rejection of reality, will not change the lives of this Committee’s constituents for the better. In fact, it will do just the opposite.

Thirdly, this bill is being framed as helpful for our home care attendants. Do not be fooled by this. This bill would make it illegal for a workforce composed primarily of women of color to work overtime. VERY FEW workforces are prohibited by the government from working overtime. New York City is actually projected to spend \$750 million on police overtime. This obvious

discrepancy in the treatment of the two workforces illustrates which one is more valued by the City. These people, usually women, are ALREADY struggling to pay the bills. Is taking away their right to choose overtime with no resolution, no wage increase, or no other opportunity really helping? Is forcing them to get an additional evening job to make up for the hours of pay they will lose REALLY helping their families? If the city council REALLY respected women & wanted to uplift them, they would be trying to get at the ROOT of predatory capitalist systems that leaves so many women of color low income instead of criminalizing opportunities that would give them overtime. They would be creating more opportunities for them, so that women could have REAL choice about when and where they work to not be forced into doing live-in care if they don't want to. This City Council would be fighting to raise wages, and fighting for people who work 24 hour shifts to get THE FULL PAY rather than 13 hours of wages. We agree that agencies often mistreat and exploit workers. Yet, this bill does nothing about that. If the City Council wants to help, PLEASE GO AFTER THESE AGENCIES instead of simply taking away women's choice to work overtime and our home care options.

We don't want to hear that disabled New Yorkers "aren't supporting our home attendants" by speaking out against this bill. We've BEEN fighting for our workers. Where was the City Council when constituents with disabilities were meeting with their state legislators and getting arrested in support of Fair Pay for Home Care?

Councilman Marte, I know that this bill comes from a very personal place. You have spoken publicly about how your mother was a home-care worker and you didn't get to spend enough time with her because of her job, and I really do empathize with that. I know that that's difficult as a young child. Yet, I want to remind everyone that we need bills not based on emotions and optics, but instead based on a clear and astute understanding of Medicaid policy that is rooted in deep respect for disabled and aging New Yorkers and our workers. I would also like to remind Councilman Marte of the irony here – that many of us consumers of home care require a level of care typically provided to young children by their parents, which is instead administered by trained professionals like our home care attendants. This arrangement lessened the quality time we got to spend with our parents growing up, too. However, the alternative to having homecare available is parents of children with disabilities, often unable to meet their needs without assistance, being forced to be institutionalized or abandoned by their parents. This too would leave children with disabilities, your most vulnerable constituents, with almost no contact with their parents. These are the circumstances into which Councilmember Marte's bill thrusts your most vulnerable constituents, *disabled* children, because we know that Medicaid managed care companies routinely deny split-shift care, the only alternative to live-in for people with 24-hour support needs. This bill is hardly about keeping families together. In fact, it does the opposite, taking food from the mouths of home care workers' children and ripping children with disabilities out of their parents arms into institutional care, all your most vulnerable constituents.

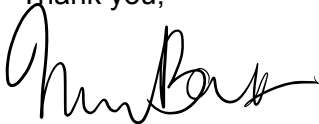
Lastly, I would like to address some comments that were made at the hearing. Councilman Marte was incorrect that only NYC residents have live-in care. That is just simply not true. I'm not sure what's worse: to have our public officials try to get away with blatantly lying, or to be so ignorant of how Medicaid works.

Those testifying were repeatedly asked by Councilmembers: “What’s better? A 12 hour split shift or live-in care?” This is NOT an easily answerable question. These two services are offered in NYS to address different clinical concerns. 12-hour split shifts are supposed to be given to people with a higher level of need, so that one person is not kept up throughout the night. Live-in care is supposed to be reserved for those who need help, but have room to let their home care attendant have rest and uninterrupted sleep. If the city council was familiar with Medicaid policy, they would understand this. If this isn’t being properly abided to, that is an issue with the State and specific agencies. Furthermore, disabilities vary WIDELY. People's temperaments, personalities, and preferences vary WIDELY. Some prefer live-in care, others do not. We are not a monolith, and neither are home care workers. Do not assume that every home care worker has a safe living arrangement, a family, or a child that they are counting the minutes to get back to. Additionally, do not assume that every disabled person is easily able to find 2-3 workers to fill 24-hours of work if live-in care gets taken away. We are in the middle of a home care worker shortage. Many of us spend hours a day without care, not even able to find ONE home care attendant. There are SO many horror stories about disabled people sleeping in their wheelchairs, not eating, or not being able to use the bathroom for hours because of this shortage. If the City Council spent more time meeting with their disabled constituents (*and stopped ignoring us!*), maybe they would start making different choices.

Take home message: As well intentioned as this bill can be, the City Council is not equipped to make a massive change like this to Medicaid. Even if this bill passes, live-in care will STILL be a billable service for New York State Medicaid. THIS BILL SOLVES NONE OF THE PURPORTED CONCERNS.

There are many smart ways to move forward to TRULY address workers rights, and this bill doesn’t cut it. It is time to reform the service in a way that works well for all parties. We need home care attendants, disabled consumers, and government officials to come together to create a better future. Anything less leaves us, your disabled and aging constituents, as scapegoats for a predatory and capitalist society that continuously disrespects and infantilizes women who provide caretaking and the New Yorkers who need such assistance. It is time to do better. The spirit of solidarity and a commitment to smart, compassionate policy must lead us forward. I can see a better way, and I hope this City Council can as well.

Thank you,



Nina Bakoyiannis, M.A.
Clinical Psychology Doctoral Candidate
Downstate NY ADAPT co-coordinator



September 6, 2022
New York City Council
250 Broadway
New York, NY 10007

Dear Members of the New York City Council,

We write to express our full support for the New York City Council's No More 24 Act, or Int. 0175-2022, to end 24-hour work shifts for home care aides. For 25 years, Freelancers Union has advocated to expand protection and the social safety of a workforce that is underrepresented and often exploited. Like in every other industry and profession, Freelancers Union represents individuals who are independent domestic workers and home health aid professionals. **After learning about the challenges home health aides face we have become deeply concerned with the well-being of those who have been subjected to 24-hour shifts.**

Twenty-four-hour shifts cause harm to workers, who are mostly immigrant women of color, and their communities. These long workdays keep employees away from their families, as home care aides often work back-to-back shifts, sometimes amounting to 72 consecutive hours. Twenty-four-hour shifts are particularly grueling because home attendants are often unable to rest. Speaking from my own personal experience as a child growing up in a household in which my mother was a home health aide, I can't attest that the long hours take a mental and physical toll on these workers. My mother would often go through the week sleep deprived and dealt with numerous health issues like anxiety and IBS because of it. In addition to that, because her duties were ingrained in ensuring the well being of her client, meal hours and breaks were often interrupted by the needs of the patient.

When home health aides are working 24 hour shifts they take on a second family as they work around the clock to ensure their patients and their families are getting the care they need and deserve. Opponents of the No More 24 Act and similar efforts at the state level, argue that the cost of fairly compensating these workers is too high, but the Freelancers Union would argue that not properly paying workers for the hours they've completed is clearly wage theft. Cost should not be a barrier to achieving this long overdue and just initiative. **We urge all members of the City Council to co-sign this bill and thank those who already have.**

Sincerely,
Rafael Espinal
Executive Director
Freelancers Union





9/1/22

To Whom it May Concern,

As a community member and the President of the Grand Street Democrats I would like to testify (in writing) in support of the "No More 24" Home Attendant Bill (Int #0175) introduced to the City Council by CM Christopher Marte.

The **Maximum Working Hours For Home Care Aides** bill would set the maximum working hours that an employer may assign to a home care aide. The hours would be limited to 12 hours for any one shift, or within any 24 hour period, and 50 hours within a week. A home care aide could be assigned additional hours in the event of an emergency.

Nobody should be forced to work 24 hours and get paid for only 13 of them, especially home care workers who are responsible for the well-being of those for whom they care. This practice should cease immediately and the legislation introduced by Councilmember Marte will ensure that it does.

The Grand Street Dems voted as a club to unanimously support this bill (8/11/2022) and has passed a resolution as such (please see below). I urge you to pass this and make it law.

Thank You,

A handwritten signature in black ink, appearing to read "Marion Riedel". The signature is fluid and cursive, written in a professional style.

Marion Riedel
President, Grand Street Dems



August 25, 2022

GRAND STREET DEMS RESOLUTION

On 8/11/22, the Grand Street Dems full membership unanimously voted to support the "No More 24" Home Attendant Bill (Int #0175) introduced to the City Council by CM Christopher Marte. As passed, this will become part of the GSD package of resolutions.

Below is the plain language summary for the bill. For more information, you can review the full text of the bill, which is available online at <https://on.nyc.gov/38Xtiqe>.

The **Maximum Working Hours For Home Care Aides** bill would set the maximum working hours that an employer may assign to a home care aide. The hours would be limited to 12 hours for any one shift, or within any 24 hours period, and 50 hours within a week. A home care aide could be assigned additional hours in the event of an emergency.

Sincerely,

Marion Riedel, President
Grand Street Dems



September 6, 2022

Carmen De La Rosa, Chair
Committee on Civil Service and Labor
The Council of the City of New York
City Hall, NY 10007

Re: Council Introduction 0175-2022

Dear Chair De La Rosa and Members of the Committee:

Thank you for the opportunity to testify today in favor of Council Intro 175.

My name is John Choe and I am a resident of Flushing, Queens, where I have lived for more than two decades. I am also Executive Director of the Greater Flushing Chamber of Commerce, a nonprofit multicultural membership association representing the fourth largest business district in New York and one of the most dynamic and diverse communities in America.

Flushing, where we are based, is an immigrant neighborhood with approximately 77% of the population composed of Asian Americans originating from East and South Asia and 13% composed of Latinos from Central and South America. In total, Asians and Latinos account for more than 90% of the population. Many Flushing residents are essential workers – who were at the frontlines helping our City survive the pandemic in hospitals, schools, supermarkets – taking care of our children and elders, feeding us and maintaining vital services. As you know, these workers are themselves struggling to survive and feed their families with stagnant wages, escalating rents and inflation as well as marginalization, displacement, and hate crimes.

I have been an advocate for immigrant rights and economic opportunity my entire career and I have never encountered the type of exploitation and abuse witnessed by the mostly immigrant women workers in the home care industry who are forced to work 24-hour shifts (often only paid only thirteen of those hours) and risking severe mental trauma, physical injuries or permanent disability. The fact that this labor practice has been allowed to proliferate so long is an indictment and moral failure of our City. Forcing workers to endure 24-hour shifts can only be explained by the ethnic background and gender of the workforce: immigrant women of color. This debilitating labor practice is a de facto hate crime and an act of violence against politically marginalized and economically vulnerable communities like Flushing, Queens.

Like many political institutions, the City Council and its members rightly condemned the rising level of hate crimes and racist violence against Asian Americans and people of color during the pandemic. By banning the practice of the 24-hour shifts in the home care industry, Intro 175 is an opportunity for the City Council to concretely stand up against hate crimes and racist violence perpetrated against people of color, immigrant, women workers and the neighborhoods where they live, including Flushing, Queens.

I strongly urge the Committee to approve and support the enactment of Council Intro 175. These immigrant women of color took care of us and our parents during the pandemic; we need to take care of these essential workers in their hour of need. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "John Choe", with a stylized, flowing script.

John Choe
Executive Director



Testimony of the Human Services Council of NY
Before the New York City Council
On Introduction 175 of 2022

Oversight: Committee on Civil Service and Labor
Council Member Carmen De La Rosa, Chair

Submitted by Gloria Kim, Senior Policy Analyst
September 6, 2022

Good afternoon, Chairperson De La Rosa and members of the New York City Council Committee on Civil Service and Labor. My name is Gloria Kim, and I am the Senior Policy Analyst of the Human Services Council, a membership organization representing over 170 human services providers in New York City. HSC serves our membership as a coordinating body, advocate, and an intermediary between the human services sector and government. We take on this work so our members can focus on running their organizations and providing direct support to New Yorkers. These are the nonprofits that support our city's children, seniors, those experiencing homelessness, people with disabilities, individuals who are incarcerated or otherwise involved in the justice system, immigrants, and individuals coping with substance abuse and other mental health and behavioral challenges. We strive to help our members better serve their clients by addressing matters such as government procurement practices, disaster preparedness and recovery, government funding, and public policies that impact the sector.

Government has transferred most legally mandated human services for New Yorkers to the nonprofit sector to save on costs. Nonprofits are not just more cost-effective, but also deliver higher quality services than government can alone, by combining government and private resources and being more agile and able to adapt to community needs. By being ingrained in communities, they are trusted messengers, can address emerging needs more quickly than government, and enhance basic services for better outcomes. However, the NYSDOL's rule that pays homecare workers only 13 hours of a 24-hour shift undermines the professionalism and quality of service delivery of homecare workers. Human services organizations already struggle with chronic delays in payment, underfunding, and a lack of sincere collaboration to create meaningful and lasting interventions.

As Intro 175 limits shifts to 12 hours a day, an additional \$1-1.2 billion in funding is necessary to cover existing 24-hour cases as workers are needed for the split shifts. This is an unfunded mandate as Medicaid funding is not under the volition of the City, which would require providers to fill the gap in funding. In addition, government pays about 70 cents on the dollar for direct program expenses, which forces nonprofit human services providers into financial and programmatic precarity that threatens the availability of high-quality services for New Yorkers. Also, as the State has jurisdiction over Managed Care Organizations and Managed Long Term Care plans, and has the 13-hour regulation, Intro 175 does not explain how it would affect State law. This leads to

confusion of whether the City is able to implement this legislation, and if providers should be adhering to City or State law.

Despite the obstacles that nonprofits face and the essential services that they provide their communities, human services workers are some of the lowest paid workers in New York's economy. Therefore, we ask that you support the [#JustPay campaign](#), which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers by demanding sector employees under contract with the New York City and State be paid fair wages for their labor. Each year you hear from providers who are struggling due to the crisis of compounding underfunding of the human services sector as City budgets are balanced on the backs of low-income neighborhoods and BIPOC communities. This practice has resulted in poverty-level wages for human services workers, who are predominantly women (66%) and people of color (68%). To address this crisis, we ask the City to immediately adopt these core reforms:

- 1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.**
- 2. Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.**
- 3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.**

Nonprofits provide a myriad of services on behalf of the government, many of them mandated, and the sector is able to leverage private and philanthropic dollars and funding from the City, State, and federal government, to create dynamic programs at a bargain. Providers are experts who are uniquely qualified to create cost-effective and impactful programs directly catered to their communities. However, elected officials must not take that knowledge for granted and keep trying to cut back costs by refusing to listen to providers and undervaluing the services they provide.

We look forward to continuing our work with the City Council and ask that you support the [#JustPay campaign](#) to fairly pay the low wage workers the City relies on, who are predominantly women and people of color, to keep these programs running and uplift communities.

Thank you for your continued support and providing me with this opportunity to testify about the state of human services workers.

Gloria Kim, Senior Policy Analyst
Human Services Council of NY
kimg@humanservicescouncil.org



Testimony in Support of Int. 0175-2022
Maximum Work Hours for Home Care Aides
New York City Council Committee on Civil Service and Labor 9/6/22

Good afternoon. My name is Lía Fiol-Matta and I am a Senior Counsel at LatinoJustice, a national civil rights organization with headquarters in New York City.

We are deeply concerned with the dignity and well-being of home health aides who have been subjected to 24-hour shifts and urge all members of the City Council to support this bill. Twenty-four-hour shifts cause harm to workers, mostly immigrant women of color. Long workdays keep workers away from their families, as they often work back-to-back shifts, sometimes amounting to 72 consecutive hours.¹ Employers too often fail to compensate workers for all hours worked.²

Twenty-four hour shifts strain workers' health, as home care is a high-stress job that interrupts sleep.³ These shifts often cause high blood pressure, prediabetes and frequent illnesses because home attendants are unable to rest.⁴ Night work has also been classified as a possible cause of cancer.⁵

Currently, employers are required to pay home care aides for only 13 hours of labor.⁶ Employers must track these hours and pay workers for 24 hours if they do not get sufficient rest.⁷ Workers report that employers very often violate these rules, and the law has not made a difference in their work conditions.⁸

¹ See Ain't I A Woman Campaign, *NYC City Council: Pass the No More 24 Act!*, Ain't I A Woman, <https://www.aintiawoman.org/city-council-pass-no-more-24-act>; Caroline Lewis, *Home Health Care Workers Call on Hochul to End 24-Hour Shifts*, Gothamist (Jan. 17, 2022), <https://gothamist.com/news/home-health-care-workers-call-hochul-end-24-hour-shifts>.

² See Lewis, *supra* note 1.

³ Liz Donovan et al., *Long Hours, Low Pay, Loneliness and a Booming Industry*, N.Y. Times (Sept. 25, 2021), <https://www.nytimes.com/2021/09/25/business/home-health-aides-industry.html>; Lewis, *supra* note 1.

⁴ Sara Van Horn and Wen Zhuang, *Home Care Attendants Are Leading the Fight to Reclaim the Workday*, The Nation (Mar. 26, 2021), <https://www.thenation.com/article/economy/home-care-attendants-workday/>.

⁵ Manuela Saragosa, *What Working Through the Dead of Night Does to Your Body*, BBC (Dec. 6, 2017), <https://www.bbc.com/worklife/article/20171208-what-working-through-the-dead-of-night-does-to-your-body>

⁶ Opinion Letter from Maria L. Colavito, Counsel, N.Y. Dep't of Lab., Mar. 11, 2010 (clarifying the meaning of the New York State Department of Labor's Miscellaneous Industries and Occupations Minimum Wage Order, 12 NYCRR 142-2).

⁷ See *id.*; see also *Andryeyeva v. N.Y. Health Care, Inc.*, 124 N.E.3d 162 (2019) (affirming the Department of Labor's interpretation of the Wage Order from its opinion letter).

⁸ See Claire Wang, *Home Health Providers Protest 24-Hour Shifts After 'Insulting' Settlement Reached*, NBC News (June 27, 2022), <https://www.nbcnews.com/news/asian-america/home-health-providers-protest-24-hour-shifts-insulting-settlement-reac-rcna35027>; Lewis, *supra* note 1.



In New York City, there are approximately 240,000 home attendants, about 5–7% of whom work 24-hour shifts.⁹ Opponents of this Act¹⁰ argue that the cost of fairly compensating these workers is too high. Failure to support this legislation because of its price tag, however, is a denial of basic human rights for some of the city's most marginalized people.¹¹

The *No More 24 Act*¹² would ensure that home healthcare workers could rest and spend time with their families and be paid for every hour of their labor. We urge the City Council to pass this bill.

Thank you.

A handwritten signature in black ink, which appears to read "Lía Fiol-Matta". The signature is fluid and cursive.

Lía Fiol-Matta
Senior Counsel
LatinoJustice PRLDEF
475 Riverside Drive Suite 1901
New York, NY 10115
(212) 219-3360

⁹ See Sara Van Horn and Wen Zhuang, *supra* note 4.

¹⁰ N.Y. Assemb. A03145A, 2021–2022 Reg. Sess. (N.Y. 2021); Lewis, *supra* note 3.

¹¹ See G.A. Res. 217 (III) A, Universal Declaration of Human Rights, arts. 23–24 (Dec. 10, 1948) (showing that the UN considers the rights to good working conditions, dignified work, just pay, and rest essential human rights).

¹² Int. 0175-22, 2022 N.Y. City Council (N.Y. 2022).



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MEMORANDUM OF SUPPORT FOR “No More 24” Act

Int. 0175-2022

Mobilization for Justice, Inc. (MFJ) strongly supports and urges the passage of Int. 0175-2022, the “No More 24” Act. MFJ’s mission is to achieve justice for all. MFJ prioritizes the needs of people who are low-income, disenfranchised, or have disabilities as they struggle to overcome the effects of social injustice and systemic racism. We provide the highest-quality free, direct civil legal assistance, conduct community education and build partnerships, engage in policy advocacy, and bring impact litigation. We assist more than 13,000 New Yorkers each year, benefitting over 25,000. MFJ’s Workplace Justice Project advocates on behalf of low-wage and immigrant workers as well as individuals with criminal records reentering the workforce and handles a range of employment issues from wage theft, violations of sick and/or family leave provisions, and discrimination to unemployment insurance benefits.

Int. 0175-2022 would set the maximum working hours that an employer may assign to a home care aide. Home care agencies will be mandated to split all 24-hour shifts into shifts that are no more than 12-hours long, not consecutive within a 24-hour period, and will be required to cap home attendants’ weekly schedules at 50 hours. The passage of this law will benefit both the workers and their patients and will create a more sustainable home care industry to effectively address the needs of the City’s aging population.

Based on our experience, many of MFJ’s clients are either home attendants or have home attendants and we are aware of the challenges and difficulties each face. Currently, home care workers can be assigned 24-hour shifts where they often do not sleep as they are caring for patients who need 24-hour care. They can also be assigned multiple 24-hour shifts each week. Home care provision is laborious work that is both physically and emotionally demanding and requires that workers receive adequate rest and be sufficiently compensated for their labor. There is no reason why any worker should be required to work exploitative 24-hour shifts to make a living. These inhumane shifts not only cause irreparable physical, psychological, and social damage to home care workers, but also significantly reduce the quality of care provided to vulnerable patients. Continuing this practice is dangerous to the health of both workers and patients and does not benefit anyone. Further, because the home care workforce is predominantly comprised of women of color and immigrants, the inequity in the industry is a matter of racial and social justice.¹

¹ See, e.g., Isaac Jabola-Carolus, Stephanie Luce, and Ruth Milkman, *The Case for Public Investment in Higher Pay for New York State Home Care Workers: Estimated Costs and Savings*, The Graduate Center, City University of New York and School of Labor and Urban Studies, City University of New York, 25 (March 2021), available at: <https://slu.cuny.edu/wp-content/uploads/2021/03/The-Case-for-Public-Investment-in-Higher-Pay-for-New-York-State-H.pdf>.

The passage of Int. 0175-2022 will ensure that workers in the home care industry are not exploited to work unduly long hours in New York City and that quality care is provided to the vulnerable patients who need it most. “No More 24” simply makes sense and will make home care industry jobs more desirable for prospective workers and alleviate the labor shortage problem. Indeed, Int. 0175-2022 is much needed and creates a win-win situation for both workers and patients alike.

We urge the New York City Council to immediately pass Int. 0175-2022. Any questions can be directed to *Bernadette Jentsch* at 212-417-3772 or bjentsch@mfflegal.org.



Testimony Committee on Civil Service and Labor

September 6, 2022

NYC No More 24 Act

City Council Bill [Int 0175-2022](#)

Submitted by Sonia Ossorio, Executive Director NOW-NYC

The National Organization for Women urges lawmakers to support Intro 0175-2022, a critical bill that will ensure that New York City's home healthcare workers – some of our most essential workers -- work with dignity, safety, and fairness.

The No More 24 Act (Int 0175-2022) would, in clear and enforceable terms, cap working hours to 12 hours within any 24-hour period and set maximum weekly working time at 50 hours. Introduced by Council Member Christopher Marte, the bill has garnered substantial support in the City Council, despite strong opposition from home care agencies and insurance companies.

The abuses of the home healthcare industry are well documented. Currently, many home healthcare workers in New York are being mandated to take on 24-hour shifts for days on end, which affects not only their health and ability to care for their own families, but also their ability to provide the best-quality care to those New Yorkers who rely on them for care.

Lai Chan, a home healthcare worker who was interviewed in a 2021 report “The Nonprofit War on Workers,” still suffers from insomnia and persistent sleep issues years after leaving her role as a home health care attendant. From 2007 to 2014 she frequently was scheduled for 24-hour shifts, and attributes her health issues and continued sleep issues to her unhealthy work schedule for more than seven years in the industry.

Many of these minimum-wage workers have given testimony as part of court proceedings and in personal interviews with advocates that they are coerced into

Email: contact@nownyc.org

Phone: 212.627.9895

working 24-hour shifts, at times for multiple days in a row. When they refused to work around the clock, they would find themselves not scheduled for any shifts.

Lai and another worker, Gui Zhu Chen, revealed that the agencies where they were employed would threaten to fire them and/or tell them the people they were caring for would end up in nursing homes if they didn't accept the hours they were assigned.

This is an ideal issue for the new majority-women New York City Council to take action on. Numbering at 128,990, home healthcare workers make up a huge workforce in the city, and are 93% women and 79% immigrant.

Home healthcare workers make minimum wage, and are paid for the first 13 hours of a 24-hour shift. This is an issue lawmakers will have to rectify. The number of home care workers still isn't growing fast enough to meet the demand. The [shortage of home care workers](#) is only forecast to get worse in the coming years.

The National Organization for Women urges all City Council members to join us in supporting this measure that will prevent these essential workers - primarily immigrant women of color - from being further exploited by putting clear legal guidelines into place for reasonable work hours and send a message to all New Yorkers that working with dignity and safety are the standards in New York City.

My name is JoAnn Lum. I am an organizer with NMASS, the National Mobilization Against SweatShops, a workers center based in New York City. Our members are workers of all industries, immigrants and citizens alike. Many are home care workers. I am here today to urge the City Council to pass Council Member Chris Marte's legislation "Intro 175" to prohibit 24-hour shifts and to cap weekly hours at 50 in home care.

The City Council has the opportunity to stop this appalling abuse of home care workers **AND** of those in their care.

Think of the person in your own family or circle of friends who is elderly, ill, or disabled. That family member or friend needs the care of someone who is able to **GIVE** care — someone who is alert, agile, and capable. Not someone exhausted from 24-hour shifts and 60-hour work weeks.

If you, yourself have taken care of anyone who is bedridden or who has Alzheimer's, you know what I'm talking about. You need to be well-rested, healthy, and strong.

24-hour shifts and 60-hour work weeks destroy the health, well-being, and dignity of home care workers, as well as their ability to provide care.

How do we justify the provision of services to the elderly and disabled by sleep-deprived, stressed, injured caregivers?

Over the past seven years I have met hundreds of home care workers of all races and ethnicities working for agencies across the city. Some are members of unions like 1199SEIU. Some are working for non-union agencies. They all tell a similar story about conditions. The stress and physical demands of home care, and the relentless and isolated nature of this work are punishing. Every day I hear heart-breaking accounts of the health and family problems they have developed from 24-hour shifts and 50-plus hour work weeks. Countless workers have cardiac problems related to stress, gastric problems from irregular mealtimes, back injuries from lifting a client or preventing a fall, arm injuries from pushing a

wheelchair, depression from lack of control of their own time. Countless women have told me of the child who got sick at school when they were trapped at work on a 24-hour shift; the husband who left because they were never home; the teenager who stopped going to school; the parent who died yet they could not grieve because they were unable to leave work. It is not uncommon to hear a worker say, "I've lost my whole life."

In this city that prides itself on being progressive and forward-looking --not like those backward red states--how is it that we allow home care workers — primarily women of color and immigrants — to be treated like garbage, as if their lives don't matter? This is blatantly racist and sexist, and it is a form of violence. No wonder so many workers leave this industry.

A century and a half ago, workers and labor unions around the country took to the streets to demand the 8 Hour Day. Their idea was: 8 hours for work, 8 hours for rest, 8 hours for what we will. What happened? Why, now in New York, are unions and other advocates defending the 24-hour work day and workweeks of more than 50 hours?? This is unconscionable. Why are they pushing workers to work longer hours? If they truly cared about workers' pay, why do they encourage wage theft, why do they celebrate an award of 0.3% of what workers are owed for the 11 unpaid hours of their 24-hour shift? Shameful.

I call on the City Council to right this wrong. New York should not be a national leader in promoting violence against women of color, against immigrants.

Stop the 24-hour shifts and cap working hours at 50 per week — for the health, well-being, and dignity of home care workers **AND** of the individuals who need care at home.

Thank you.

From: Socialist Feminists <socfem.oc@gmail.com>
Sent: Friday, September 9, 2022 2:52 PM
To: Testimony
Subject: [EXTERNAL] Written Testimony for Int. 0175-2022- Committee on Civil Service and Labor Hearing
Attachments: Testimonial Letter to the New York City Council_No More 24.docx

Hello,

My name is Alicia Guzman, I am a constituent of the 24th district as well as an organizing committee member of the NYC-DSA Socialist Feminist Working Group. I am submitting this written testimony on behalf of the Socialist Feminist Working Group and in support of the No More 24 Act, Int. 0175-2022.

Thank you,
Alicia Guzman
Organizing Committee
NYC-DSA Socialist Feminist WG

--

✿ **The NYC Socialist Feminist Working Group OC** ✿

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[Facebook](#)



NYC-DSA Socialist Feminist Working Group

Socfem.oc@gmail.com

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Testimonial Letter to the New York City Council

Thank you, City Council, for giving us the chance to submit testimony in support of the No More 24 Act, Int. 0175-2022 in writing. This testimony is submitted by Organizing Committee members Alicia Guzman, Marian Jones, and Julie Bowen on behalf of the NYC-DSA Socialist Feminist Working Group.

I. Introduction

The NYC-DSA Socialist Feminist working group is organizing for a world without gender oppression, racial oppression, and all other forms of exploitation. Our group has over 2,908 people. As an activist group, we are active in the community by providing political education and collaborating on campaigns for the betterment of our communities with other local organizations. As members of the Ain't I A Woman campaign coalition, we are committed to getting the No More 24 Act passed.

II. Exploitation of Home Care Attendants & Lack of Legal Protections

The treatment of the home care workers—many of whom are immigrant women of color—is utterly appalling. Working 24 hours a day, seven days a week, with little to no sleep is inhumane. Home care workers have expressed how these working conditions have taken a mental and physical toll on them. Epifania Hichez, a 73-year-old retired home care attendant who worked 24-hour shifts for 11 years, told Gothamist that “[working 24-hour shifts] destroys our health and kills us slowly... our family suffers too.”¹ There are countless testimonies from other home care attendants that corroborate this reality and cruel working conditions.² Home care attendants are forced to neglect their own well-being and the well-being of their families.

Also, the laws we have now don't protect these workers and continue to make it easy for them to be exploited. This is evident by the fact that home care attendants are also victims of wage theft—only being paid for 13 hours of the 24 hours that they work. This is based on the assumption that home care aides will be able to rest and eat during the other 11 hours that they are at their clients' homes. However, this does not reflect the reality of home care attendants'

¹ "Home Health Care Workers Call On Hochul To End 24-Hour Shifts." 17 Jan. 2022, <https://gothamist.com/news/home-health-care-workers-call-hochul-end-24-hour-shifts>. Accessed 8 Sep. 2022.

² "Hui Ling Chen — Ain't I a Woman?!" <https://www.aintiawoman.org/testimonials/2019/10/14/hui-ling-chens-story>. Accessed 8 Sep. 2022.

working conditions. Home care workers have stated for years that they routinely provide patients' care around the clock and miss out on rest and fair pay.³ It is not possible to determine when care is given; therefore, home care workers must be alert and tend to patients to ensure care is provided at all hours. Home care attendants are working well beyond the 13 hours of pay they are receiving. Home care agencies have not compensated workers despite receiving reports of hours worked beyond the 13.⁴ This is an utter failure on the part of the current legislation and leadership to protect our communities.

Only gendered, racial, and class oppression can explain the lack of protections for home health aides. A majority of whom, are immigrant women of color who have no other means of supporting themselves or their families. Yet, homecare agencies utilize this to their advantage, forcing workers to endure these inhuman conditions. We cannot allow this exploitation to continue.

III. Support and Pass Int. 0175-2022

Int. 0175-2022 or the No More 24 Act, is a critical step in ending this blatant exploitation. This would mandate that all 24 hours shifts be split into two 12-hour shifts and would cap the maximum number of hours worked for home care workers at 50 hours per week.

Ending the 24-hour workday helps to remedy the issue of lost wages and ensure that workers are receiving pay for all hours they have worked. Moreover, this gives home care workers an opportunity to rest and take care of their physical, mental, and personal needs. The No More 24 Act does not only benefit home care workers but benefits clients as well. Individuals who need round-the-clock care will receive better quality care from well-rested home care attendants.

Opponents of this bill falsely allege that it will result in staff shortages and will harm people who need 24-hour care. This, however, this in itself is an acknowledgment that the 24-hour home care shift truly means 24 hours of labor. This industry is founded on the discriminatory and exploitative views of workers based on gender, race, and class whose bodies and health are seen as less valuable.

It is absurd to believe that workers will willingly agree to be paid for only a fraction of the actual hours worked. It is clear that home care attendants endure these inhuman working conditions out of necessity. This necessity and desperation are cruelly tied together and readily exploited by employers.

³ "Round-the-Clock Care, Half-the-Clock Pay - The Village Voice." 2 Aug. 2018, <https://www.villagevoice.com/2018/08/02/round-the-clock-care-half-the-clock-pay/>. Accessed 8 Sep. 2022.; "Álvaro Ramírez — Ain't I a Woman?!" <https://www.aintiawoman.org/testimonials/2019/10/14/lvaro-ramrez>. Accessed 8 Sep. 2022.

⁴ "Round-the-Clock Care, Half-the-Clock Pay" 2 Aug. 2018. <https://www.villagevoice.com/2018/08/02/round-the-clock-care-half-the-clock-pay/> Accessed 8, Sep. 2022.

IV. Conclusion

Passing the No More 24 Act is a critical first step to addressing and remedying workplace exploitation. This serves as an opportunity for the City Council to prove its support and care for all members of the communities that they serve. On behalf of the Socialist Feminist Working Group, we urge the City Council to pass this bill.

Signed by:

Alicia Guzman, Marian Jones, and Julie Bowen on behalf of the
NYC-DSA Socialist Feminist Working Group

Thursday, September 8, 2022

**Testimony of The Legal Aid Society, Civil Practice
Before the New York City Council's Committee on Service and Labor
File # Int 0175-2022
September 6, 2022**

The Legal Aid Society's Civil Practice welcomes the opportunity to submit this testimony to the New York City Council's Committee on Service and Labor.

Introduction

The Legal Aid Society's Civil Practice provides comprehensive legal assistance on a vast array of legal matters. The diversity of our practice areas demands an intersectional approach that responds to the needs of all our client communities without pitting vulnerable communities against each other. Most relevant to our testimony today are our health law and employment law practices, where we represent both seniors and people with disabilities who require 24-hour home care services ("consumers") and the aides who provide this care.

Health Law Unit

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

The Health Law Unit represents hundreds of individuals seeking to secure or maintain home care services through their Medicaid benefits. Our clients, who are all low-income individuals, frequently face reductions and denials of care that violate statutes, regulations, or state policies or contracts. By far the home care clients that contact us the most are seniors and people with disabilities with high needs and high hour cases such as 24-hour care. In our experience, these

Justice in Every Borough.

individuals face the most barriers to care, the most denials of requests for increased services, and the most frequent reductions in their home care hours. These unlawful reductions and denials of service and inadequate authorization lead to costly avoidable hospitalizations, such as falls that occur when a person is trying to accomplish activities of daily living without assistance and infections from ulcers that develop when a person is unable to turn in bed.¹

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

Employment Law Unit

The Legal Aid Society's Employment Law Unit represents low-wage workers in cases concerning wage theft, trafficking, discrimination, leave, unemployment insurance, and other areas. We represent approximately 140 home care aides who were not paid for many of the hours they worked on 24-hour shifts. These workers face exhaustion and health risks from assisting consumers while exhausted. Their persistent lack of sleep is injurious to their health.

24-hour home care shifts

Under New York State regulations, Medicaid recipients who require 24-hour home care services can be authorized for either "split-shift care" where they receive 24 hours of uninterrupted care by more than one aide; or so called "live-in" care, where their need for assistance is sufficiently infrequent that one live-in 24-hour home care aide would be likely to obtain, on a regular basis, five

¹ See Caballero et al v. Zucker et al, No. 2016-cv-00326 (EDNY 2016); Bucceri et al v. Zucker et al, No. 16-cv-08274 (SDNY 2016); No. 18 Civ. 02380 (EDNY).

hours daily of uninterrupted sleep during an eight hour period of sleep.² To be clear, an aide who works a 24-hour “live-in” shift does not actually live at the home of the consumer. Most “live-in” shifts last between two and four days at a time.

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

Under a 2020 New York Court of Appeals ruling, agencies employing home health aides working 24-hour shifts are obligated to pay for the entire sleep period of eight hours if the worker does not get at least five hours of uninterrupted sleep and eight hours of sleep altogether.⁴ Similarly, the court ruled that if the worker gets less than a full hour completely off to eat, meal times are compensable.⁵ In reality, in case after case, workers who only got intermittent sleep in between providing assistance with turning in bed, toileting, cleaning up the consumer and sheets, and other repeated nighttime activities are nevertheless not paid for more than 13 hours for that 24-hour shift.

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

³ NEW YORK CITY DEP’T OF CONSUMER AFFAIRS, LIFTING UP PAID CARE WORK (2018) available at <https://www1.nyc.gov/assets/dca/downloads/pdf/workers/Lifting-up-Paid-Care-Work.pdf>.

⁴ Andryeyeva v. N.Y. Health Care, Inc., 33 N.Y.3d 152 (2019).

⁵ Id.

Workers who grabbed food while serving the consumers were never paid for those mealtimes, as the law prescribes. The State Department of Labor has yet to take meaningful action to enforce the law against these pervasive violations by the employers. And employers complain that the managed care plans do not pay them to cover hours beyond 13 in a 24-hour shift, so they continue to cheat the workers out of their wages.

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

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

Int 0175-2022

Unfortunately, Int 0175-2022 does not address the source of the abuse of workers and consumers. Int 0175-2022 does not prevent individuals from being authorized for 24-hour “live-in” care, nor does it address the State’s funding scheme that allows a home care worker to be paid only 13 hours for a 24-hour shift. It proposes to fine home care agencies when a home care worker works more than 12 hours per day, works 12 hours on consecutive days, or works more than 50 hours in a week, except in emergency circumstances. If enacted, without reforms to the long-term managed

care system on the State level, the result will be that agencies and employers will turn away consumers authorized for “live-in” services, and people simply will not receive medically necessary care. For some people, their loved ones will fill in the gaps of care created by this bill. When family members provide this type of informal support, they forgo sleep and employment, and lose jobs, worsening the cycle of poverty for their families. Some people will be forced to enter nursing homes because they cannot receive the services that they need to remain in the community and to which they are entitled. And some people will suffer illness or injury as result of the loss of services.

Conclusion

While the Legal Aid Society supports an end to 24-hour shifts at the state level except under unusual circumstances, we cannot support Int 0175-2022. New York State must take action against the inhumane rules and practices regarding 24-hour shifts. We urge that the Council take action to monitor home care agencies that contract with New York City to determine whether they are tracking actual hours worked for home care aides and paying aides accordingly. The Department of Consumer and Worker Protection should conduct an audit and report its findings to the Mayor and the Council.

The Legal Aid Society

By: Belkys Garcia, Staff Attorney, Civil Law Reform Unit
Richard Blum, Staff Attorney, Employment Law Unit

About the Legal Aid Society

The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal, and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society has performed this role in City, State and federal courts since 1876. It does so by capitalizing on the diverse expertise, experience, and capabilities of more than 2,000 attorneys, social workers, paralegals, and support and administrative staff. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, the Society provides comprehensive legal services in all five boroughs of New York City for clients who cannot afford to pay for private counsel.

The Society's legal program operates three major practices — Civil, Criminal, and Juvenile Rights — and receives volunteer help from law firms, corporate law departments and expert consultants that is coordinated by the Society's Pro Bono program. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States. And it brings a depth and breadth of perspective that is unmatched in the legal profession.

The Legal Aid Society's Civil Practice provides comprehensive legal assistance on a vast array of legal matters involving housing, foreclosure and homelessness; family law and domestic

violence; income and economic security assistance (such as unemployment insurance benefits, federal disability benefits, food stamps, and public assistance); health law; immigration; HIV/AIDS and chronic diseases; tax law; consumer law; elder law; low-wage worker problems; education law; community development opportunities to help clients move out of poverty; reentry and reintegration matters for clients returning to the community from correctional facilities.

The Legal Aid Society's unique value is an ability to go beyond any one case to create more equitable outcomes for individuals and broader, more powerful systemic change for society as a whole. We understand that to bring lasting justice, fairness and equity to our clients and their communities we must not only represent our individual clients, but we must also change the laws and policies that are causing harm. We create this change through affirmative litigation, law reform and policy advocacy and we have a record of success that is decades long, and has benefit millions of vulnerable New Yorkers, with the landmark ruling in many of these case having statewide and national impact.



**TESTIMONY:
UJA-FEDERATION OF NEW YORK**

**New York City Council
Oversight: Committee on Civil Service and Labor
Council Member Carmen De La Rosa, Chair**

**Introduction 175 of 2022: Local Law to Amend the administrative code of the
City of New York, in relation to maximum working hours for home care aides**

**Submitted by: Hillary Stuchin
September 6, 2022**

Thank you Chair De La Rosa and members of the Civil Service and Labor Committee for the opportunity to present testimony about Introduction 175 of 2022.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services and allocates funds to strengthen Jewish life, combat poverty and food insecurity, nurture mental health and well-being and respond to crises locally and across the globe.

UJA and its nonprofit partners that provide home care services support the rights and fair pay of the workforce. The State's regulations that govern home care labor laws mandate that home health aides are paid for only 13 hours of a 24-hour shift (known as the "13-hour rule"), essentially exploiting a workforce that is heavily comprised of women of color and immigrants.

We are encouraged to see that this unjust rule is of concern to the City Council. Introduction 175 of 2022 (Marte) attempts to circumvent the State's policy, capping home care worker shift hours at 12 hours per day in most cases; **however, there are serious concerns about the viability of this bill, and we do not support the bill as written.**

These concerns include the severe unaddressed fiscal impact, exacerbating a systemwide staffing shortage, a serious jurisdictional mismatch that ignores the State's role in regulating home care, a violation structure that targets providers while absolving government stakeholders, and the potentially disastrous impact on the home care system that could shutter home care agencies, perpetuate job loss, and ultimately reduce care, forcing older adults and people with disabilities out of their communities and into institutional settings.

Rather than pursue this bill, UJA urges the New York City Council to address the problem by

looking toward a statewide solution that ensures adequate payment to providers.

Background

The New York State Department of Labor (NYSDOL) has established that residential home care employees who have 24-hour shifts must only be paid for 13 of those hours, in most cases, despite work that often stretches throughout the night and rarely affords real meal or sleep breaks. This “13-hour rule” sets Medicaid reimbursement rates, so providers who want to pay workers fairly for the full 24 hours must find 11 hours of pay in their own budgets. For many home care providers, especially nonprofit organizations, this is impossible. The result is a systematically underpaid workforce comprised largely of women of color and immigrants.

City vs. State Legislation

Intro 175 mirrors much of the language found in State legislation, S.359A (Persaud) / A.3145A (Epstein). Both bills seek to rectify the unfair pay structures that result from NYSDOL’s 13-hour rule by capping the number of hours an employer can require a home care worker to work at 12 hours, with a cumulative limit of 50 hours of work per week. It would massively reduce if not eliminate the number of 24-hour shifts, offering a creative workaround to existing State policy. Notably, the State bill additionally includes limited exceptions to go over the weekly cap, with clear worker protections added for these cases including an anti-retaliation clause; and includes a legislative intent that this bill shall not be intended to reduce the hours of authorized care for patients.

While the State and City bills are similar in nature, only the State legislation can effectively implement this policy change because the State has an outsized role in regulating Medicaid, Managed Care Organizations (MCOs), and State Licensed Home Care Services Agencies (LHCSAs) that provide the vast majority of home care services throughout the State. Efforts to reform the 13-hour rule should advance at the State level.

Concerns

We have several specific concerns with Introduction 175, laid out below:

Fiscal Impact: There is a significant fiscal impact of Intro 175, with statewide industry estimates citing an additional \$1-1.2 billion in funding needed to cover existing 24-hour cases as split shifts, even prior to accounting for recent wage increases included in the last State budget (an additional \$2 per hour starting this October and \$1 more in October 2023). Without a funding plan this makes Intro 175 an unfunded mandate. This bill will not compel the State to fund its implementation, and it is deeply unlikely that the State will fund the bill’s implementation of its own volition. The City could invest hundreds of millions of dollars to cover the costs of this bill, but again, this is unlikely and hinges on budget negotiations. The most likely scenario is that this bill would leave costs to fall on providers, resulting in dramatic unintended consequences. Without Medicaid reimbursement, providers will be unable to cover increased labor costs without risking bankruptcy, which in turn will directly lead to job loss, the loss of care, and pushing many home care recipients into institutional care.

To make Intro 175 feasible within its jurisdiction, the city would first have to conduct a fiscal analysis, and then commit to including the value of that analysis – hundreds of millions of dollars per year – in the City Budget to supplement Medicaid reimbursements. Further, while Medicaid is the predominant funding source for home care in New York City, Medicare and private pay are two additional funding sources, and the bill should clarify how Medicare and private pay patients will be able to afford split shifts.

Destabilizing Nonprofit Home Care Providers: Nonprofit home care providers are already in a precarious financial situation, and the uncertainty, confusion, and potential additional financial demands created by Intro 175 could push them over the edge into bankruptcy and closure. Many nonprofit providers already need to dip into their resources to support their home care programs as they are now, even without additional payments for sleep-in cases. Nonprofit providers are committed to maintaining services for clients with extensive needs because they know home care is their lifeline. Because of the home care workforce crisis, nonprofit providers are paying many hours at over-time rates since they are unable to recruit enough workers to cover standard shifts.

Staffing: The bill would require more workers to fill the split 12-hour shifts, which are currently filled by one 24-hour worker, yet there is nothing in the bill to encourage the creation or retention of these jobs. New York is already at the point of a homecare workforce shortage, and without attention this bill could exacerbate the problem. By mandating split shifts during a worker shortage, the bill could lead to 24-hour patients becoming institutionalized as opposed to staying in their homes.

Jurisdiction: It is unclear whether New York City is legally able to implement this bill for City-based home care workers given the State's strong role in regulating the industry. For example, the City does not have jurisdiction to legislate Managed Care Organizations (MCOs) or Managed Long Term Care plans (MLTCs). MCOs/MLTCs and the NYC Human Resources Administration (HRA) currently assign 24-hour shifts and determine whether to approve 12-hour split shifts, however, these entities are not mentioned in the bill language. Ideally, the bill should mandate that MCOs and HRA split all 24-hour shifts, and that they modify their contracts with home care agencies to ensure split shifts are the rule for people who need 24-hours of care. However, it is likely that the city could only mandate this for HRA given the State's role, and it is unclear how MCOs and HRA would interact if this were the case. The bill would also have to consider the role of unions, as much of the home care workforce is unionized and adheres to contractual labor agreements.

Without addressing the role of these entities, providers will be stuck to decide between complying with the State's legal mandate of the 13-hour rule (which would continue to govern MCO policies) and complying with the City law. Violating either would come with severe consequences: by complying with State rules, providers would face heavy fines for violating City law, while by complying with City law they would risk violations from State entities.

Violations: While both the State and City bills include a right to civil action for law violations, the City bill goes further by laying out a penalty schedule for violations. Though it is not clearly stated in the bill, those penalties would likely fall on providers and not on the MCOs and HRA

that serve as fiscal intermediaries and administrators, regardless of which entity was responsible for the violation. While penalties are important to ensure compliance with a given law, without addressing HRA and MCOs' role in authorizing service hours and split shifts this bill is missing a key component of reforming the home care system and placing undue burden on providers.

To put a finer point on it, the mechanism for implementing this bill would be a punitive fine on employers, rather than changing HRA or MCO rules around assigning 24-hour shifts. Providers would still be contracted to assign 24-hour shifts for 13 hours of pay reimbursed. This means that providers would either have to pay the fines – which is unaffordable for those who are fully or majority funded by Medicaid – or be forced to violate HRA contracts, resulting in termination. In order to truly end 24-hour shifts, this bill would need to stop HRA from assigning them; in addition to legislation to stop MCOs and MLTCs from assigning them – though again, the latter is not within City jurisdiction.

Conclusion

Without addressing these areas of concern there could be severe unintended consequences including loss of services, institutionalization of clients, loss of jobs for home care workers, and bankruptcies of home care agencies. As written, Introduction 175 will almost certainly force home care agencies to close throughout New York City, ensuring that older adults and people with disabilities cannot find the care they need to remain in community.

For these reasons, UJA reiterates our concern with Intro 175, and implores the City Council to join us in addressing this issue through an effective statewide solution.

Thank you for the opportunity to provide testimony. Please reach out to Hillary Stuchin stuchinh@ujafedny.org with any questions.



**Testimony of United Neighborhood Houses
Before the New York City Council Committee on Civil Service and Labor
Council Member Carmen De La Rosa, Chair**

Introduction 175 of 2022: Maximum Working Hours for Home Care Aides

**Presented by Nora Moran, Director of Policy & Advocacy
September 6, 2022**

Thank you Chair De La Rosa and members of the Civil Service and Labor Committee for the opportunity to present testimony about Introduction 175 of 2022, which caps home care worker shift hours at 12 hours per day in most cases. United Neighborhood Houses (UNH) is a policy and social change organization representing 45 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers.

As long-time supporters of the home care workforce in New York, UNH is outraged by the unjust State regulation that only pays workers for 13 hours of a 24-hour shift in most cases. While Intro 175 offers a creative attempt to circumvent this policy, we have serious concerns about the viability of this bill. Our specific concerns include the severe unaddressed fiscal impact, exacerbating a systemwide staffing shortage, a jurisdictional mismatch that disregards the State's role in regulating home care, a violation structure that targets providers while absolving government stakeholders, and the potentially disastrous impact on the home care system that could shutter home care agencies, perpetuate job loss, and ultimately reduce care and push older adults and people with disabilities out of their communities and into institutional settings.

Rather than pursue this well-intentioned but misguided bill, we urge the New York City Council to join us in supporting existing State legislation, S.359A (Persaud) / A.3145A (Epstein), which mirrors Intro 175.

Settlement Houses and Home Care

Three UNH member organizations provide nonprofit home care services to their communities as state licensed home care services agencies (LHCSAs): Chinese-American Planning Council, St. Nick's Alliance, and Sunnyside Community Services. Together, every year these settlement houses provide services to over 4,500 individuals with nearly 7,500 workers throughout New

York. While the home care industry is comprised of both for-profit and nonprofit home care agencies, these community-based organizations serve distinct roles. They serve their neighborhoods with culturally competent care and offer many important wrap-around services and programs beyond home care including early childhood education, youth development programs, adult literacy classes, senior centers and more.

As multi-service nonprofits, these programs operate on lean budgets and struggle to maintain fair home care wages given reimbursement rates and State policies. For years, UNH and these organizations have been advocating together on behalf of the sector, ensuring that government does not pit home care workers and employers against one another and instead working to reform unfair State funding and policies.

In mid-2021, the three settlement houses in UNH's network joined together as a broader coalition of 11 total New York City-based nonprofit home care providers as the Community Based Home Care Working Group. The group is working to develop new models of community-based home care that make financial sense for nonprofit organizations, including creative ways to share resources, innovate through technology, and advance a policy platform.

Importance of Home Care

According to federal studies and modeling, over half (52%) of Americans turning 65 today will develop a condition serious enough to require long-term services and supports.¹ There are also over a million New York State residents with disabilities, chronic illnesses, or other complications that require direct long-term care. With such a significant population of New Yorkers that will require long-term care to age with dignity, it is in our government's best interest to ensure these services are as appropriate and sustainable as possible.

Direct care in homes and communities is either provided by unpaid family caregivers, paid family caregivers, or home health workers through an agency. New York's home care employees work tirelessly to help older adults and people with disabilities and chronic illnesses who require assistance with daily activities. Home care allows vulnerable community members to remain living at home with dignity and high-quality individualized care, which the vast majority of individuals prefer over being sent to institutionalized settings such as nursing homes. Further, many immigrant seniors and families prefer home care because they can receive language-accessible and culturally competent care that they would not find in institutionalized settings.

With the demand for home care increasing, and with the nursing home crisis in New York that escalated during the COVID-19 pandemic, it is clear that the home care model should be preserved and elevated if New York is to remain dedicated to healthy aging and keeping older adults in their homes and communities.

Industrywide Workforce Challenges

As the State's population continues to age, the need for long-term care is growing rapidly. Statewide projections show² that the number of New Yorkers age 65 and over is expected to

¹ <https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief>

² <https://pad.human.cornell.edu/counties/projections.cfm>

grow by nearly one million from 2016 to 2026, and by another half a million from 2026 to 2036 -- to about 4.5 million by 2036. As the population grows, the need for long-term care and the long-term care workforce will also grow.

The home care sector currently employs hundreds of thousands of people in New York, and by 2025 the sector is expected to see a 33% growth in demand and a net workforce shortage of 23,000 workers.³ This shortage is in large part due to a systematically underpaid workforce comprised largely of women of color and immigrants. Home care workers had a median pay of \$28,750 in 2020,⁴ with an estimated one in four workers living below the Federal poverty line, making them some of the most economically disadvantaged employees in the State.

These poor wages are predominantly due to State policies including low Medicaid and MLTC reimbursement rates and the NYS Department of Labor's "13 hour rule" of 13 hours of pay for a 24 hour work shift. Nonprofit home care providers in particular are stymied by these policies, unable to pay the fair wages they know their workers deserve due to a lack of funds. These economic policies were especially insulting as the home care workforce and providers navigated the COVID-19 pandemic, continuing to provide services despite fearful workers and clients and rapidly-changing state guidance.

Medicaid Challenges

Home care is funded substantially by government payors, with the State's Medicaid program representing 87% of home care and personal care services,⁵ including through managed long-term care plans (MLTCs). Exacerbating the sector's low wages are depressed Medicaid reimbursement rates. Particularly for nonprofit providers, home care agencies are beholden to the rates and requirements laid out by Medicaid and the State, making it extremely difficult for providers to compensate their workers adequately or competitively when faced with unfunded regulatory mandates.

Medicaid itself is a significantly underfunded State program, with many health care services competing for limited funds that under State rules are only permitted to grow by a certain percentage tied to the medical inflation rate each year under the Global Cap. Further, as mass unemployment swept our State throughout COVID-19 and people were forced to give up their employer-sponsored healthcare, hundreds of thousands more people enrolled in Medicaid⁶, putting even more strain on the system. Finally, before COVID-19 hit in early 2020, former Governor Cuomo tapped a second Medicaid Redesign Team (MRT II) to propose additional cuts to the Medicaid program to save money. This included a 1% across-the-board cut to home care agencies that went into effect in the FY 2020-21 budget, which was especially painful for nonprofit providers. Fortunately these cuts were restored in the FY 2022-23 budget.

The 13-hour rule

The New York State Department of Labor (DOL) has established that residential home care employees who work for 24 hours shifts can only be paid for 13 of those hours in most cases,

³ www.mercer.us/our-thinking/career/us-healthcare-labor-market-interactive-map.html

⁴ <https://dol.ny.gov/labor-data#31-0000>.

⁵ <https://hca-nys.org/wp-content/uploads/2019/02/HCA-Financial-Condition-Report-2019.pdf>

⁶ <https://medicaidmattersny.org/wp-content/uploads/2021/04/global-cap-MMNY-statement-4.6.21.pdf>

with the remaining hours exempt and intended to be reserved for sleep (8 hours, 5 of which must be uninterrupted) and meals (3 hours). In practice, many 24-hour shift workers are frequently interrupted by their patients' various needs, with work stretching throughout the night and rarely affording real meal or sleep breaks. An employee can be paid for 24 hours of a 24-hour shift if the employee can demonstrate they received less than 5 hours of uninterrupted sleep. In practice, however, these additional hours can be difficult for employees to quantify, and it can be difficult for providers to obtain additional reimbursement from their insurance plans, as this "13-hour rule" also sets Medicaid reimbursement rates and policies. Often, MLTC plans will simply not approve requests for payment above 13 hours due to the amount of money that they get from the State.

What this all means is that providers who want to pay workers fairly for the full 24 hours must find 11 hours of pay in their own budgets. For many home care providers, especially those that are nonprofit organizations on lean budgets, this is simply impossible. This means that employees often end up doing more than 13 hours of work for only 13 hours of pay. While less than 10% of home care workers currently work 24-hour shifts (at least in UNH's network), the 13-hour rule remains an exploitative State policy and a leading contributor to the poor pay scales for 24-hour home care workers.

Legal Challenge to the 13-Hour Rule

In 2017, a series of State court decisions brought at the behest of workers invalidated the DOL's 13-hour rule, finding that employees must be paid at least the minimum wage for all 24 hours of a 24-hour shift, regardless of meal or sleep time. The cases were appealed, and the DOL issued emergency temporary regulations that preserved the 13-hour rule. This led to a long period of uncertainty for the home care industry.

If the courts ruled in favor of the plaintiffs and the 13-hour rule was abolished, providers would have been responsible for over \$1 billion per year across the industry in new payroll costs, without any mechanism to compel insurance plans or the state to help cover the costs. For nonprofits that rely on Medicaid reimbursement rates, this was a devastating prospect, with many fearing bankruptcy and organizational closure. Even further, the lawsuits were expected to include a retroactive back-pay requirement for the last six years, adding another \$6 billion or more to the tab.

On March 26, 2019, the State Court of Appeals ruled on these cases to overturn the decisions of the lower courts, effectively preserving the status quo of the 13-hour rule. Providers would not immediately be faced with the prospect of bankruptcy. However, especially for nonprofit providers who serve community members and seek to promote social justice, a decision that perpetuates near-poverty wages is not one to celebrate. Now, with the lawsuits settled, nonprofit providers are organizing and demanding fair pay for their workforce from the State.

City vs. State Legislation

Intro 175 is based on State legislation, S.359A (Persaud) / A.3145A (Epstein), and mirrors much of its language. Both bills seek to rectify the unfair pay structures that result from the NYSDOL's 13-hour rule by capping the number of hours an employer can require a home care worker to work at 12 hours or less (informally known as split shifts), with a cumulative limit of 50 hours of work per week. It would massively reduce if not eliminate the number of 24-hour shifts, offering

a creative workaround to existing State policy. Notably, the State bill additionally includes limited exceptions to go over the weekly cap, with clear worker protections added for these cases including an anti-retaliation clause; and includes a legislative intent that this bill shall not be intended to reduce the hours of authorized care for patients.

While the State and City bills are similar in nature, only the State legislation can effectively implement this policy change, because the State has an outsized role in regulating Medicaid, Managed Care Organizations (MCOs), and State Licensed Home Care Services Agencies (LHCSAs) that provide the vast majority of home care services throughout the State. Efforts to reform the 13-hour rule should advance at the State level, and instead of pursuing Intro 175 the Council should consider reintroducing Resolution 1784-A of 2021 (Chin) in support of State legislation.

Concerns

We have several specific concerns with Introduction 175, laid out below:

Fiscal Impact: There is a significant fiscal impact of Intro 175, with statewide industry estimates citing an additional \$1-1.2 billion in funding needed to cover existing 24 hour cases as split shifts, even prior to accounting for recent wage increases included in the last State budget (an additional \$2 per hour starting this October and \$1 more in October 2023). Without a funding plan this makes Intro 175 an unfunded mandate. This bill will not compel the State to fund its implementation, and it is deeply unlikely that the State will fund the bill's implementation of its own volition. The City could invest hundreds of millions of dollars to cover the costs of this bill, but again, this is unlikely and hinges on budget negotiations. The most likely scenario is that this bill would leave costs to fall on providers, resulting in dramatic unintended consequences. Without Medicaid reimbursement, providers will be unable to cover increased labor costs without risking bankruptcy, which in turn will directly lead to job loss, the loss of care, and pushing many home care recipients into institutional care.

To make Intro 175 feasible within its jurisdiction, the City would first have to conduct a fiscal analysis, and then commit to including the value of that analysis – hundreds of millions of dollars per year – in the City Budget to supplement Medicaid reimbursements. Further, while Medicaid is the predominant funding source for home care in New York City, Medicare and private pay are two additional funding sources, and the bill should clarify how Medicare and private pay patients will be able to afford split shifts.

Staffing: The bill requires more workers to fill the split 12-hour shifts which are currently filled by one 24-hour worker, yet there is nothing in the bill to encourage the creation or retention of these jobs. We are already at the point of a workforce shortage, and without attention this bill could exacerbate the problem. By mandating split shifts during a worker shortage, the bill could lead to 24-hour patients becoming institutionalized as opposed to staying in their homes.

It is also important to note that the State recently granted a minimum wage increase for home care workers of \$3 per hour spread over two years. This is absolutely crucial, and was advocated for under the Fair Pay for Home Care campaign, and bolstered by a City Council Resolution in support. However, given nationwide inflation and labor concerns this increase does not on its own sufficiently address the workforce shortage, and the Fair Pay campaign will continue to advocate for higher wages.

Jurisdiction: It is unlikely that New York City is legally able to implement this bill for City-based home care workers, given the State's strong role in regulating the industry. For example, the City does not have jurisdiction to legislate Managed Care Organizations (MCOs) or Managed Long Term Care plans (MLTCs). MCOs/MLTCs and the NYC Human Resources Administration (HRA) currently assign 24-hour shifts and determine whether to approve 12-hour split shifts, however, these entities are not mentioned in the bill language. Ideally, the bill should mandate that MCOs and HRA split all 24-hour shifts, and that they modify their contracts with home care agencies to ensure split shifts are the rule for people who need 24-hours of care. However, it is likely that the City could only mandate this for HRA given the State's role, and it is unclear how MCOs and HRA would interact if this were the case. The bill would also have to consider the role of unions, as much of the home care workforce is unionized and adheres to contractual labor agreements.

Without addressing the role of these entities, providers will be stuck to decide between complying with the State's legal mandate of the 13-hour rule (which would continue to govern MCO policies), and complying with this City law. Violating either would come with severe consequences: by complying with State rules providers would face heavy fines for violating City law, while by complying with City law they would risk violations from State entities for violating their contracts.

Violations: While both the State and City bills include a right to civil action for law violations, the City bill goes further by laying out a penalty schedule for violations. Though it is not clearly stated in the bill, those penalties would likely fall on providers and not on the MCOs and HRA that serve as fiscal intermediaries and administrators, regardless of which entity was responsible for the violation. While penalties are important to ensure compliance with a given law, without addressing HRA and MCOs' role in authorizing service hours and split shifts this bill is missing a key component of reforming the home care system and placing undue burden on providers.

To put a finer point on it, the mechanism for implementing this bill would be a punitive fine on employers, rather than changing HRA or MCO rules around assigning 24-hour shifts. Providers would still be contracted to assign 24-hour shifts for 13 hours of pay reimbursed. This means that providers would either have to pay the fines – which is unaffordable for those who are fully or majority funded by Medicaid – or be forced to violate HRA contracts, resulting in termination. In order to truly end 24-hour shifts, this bill would need to stop HRA from assigning them; in addition to legislation to stop MCOs and MLTCs from assigning them – though again, the latter is not within City jurisdiction.

Without addressing these areas of concern there could be severe unintended consequences including loss of services, institutionalization of clients, loss of jobs for home care workers, and bankruptcies of home care agencies.

City Recommendations

Alternatively, the City should focus on aspects of the home care industry that are within its jurisdiction. For example, since the start of the pandemic there has been a delay in HRA authorizations and especially reauthorizations for home care cases, leaving some organizations waiting for up to a year to receive authorization and payment, causing severe cash flow concerns. The problem continues today, and the City could work to speed up the pace. In

addition, the City can play a role in alleviating the home care workforce shortage by focusing on recruitment, training, and making home care an attractive career. This can include building on existing workforce development and training programs, such as a program at HRA that works with cash assistance recipients. There are additional opportunities to partner with CUNY programs and NYC Small Business Services (SBS). Further, many home care agencies have employer-led training programs, which are not supported by government contracts. A City investment in these programs could help them expand their work. And as mentioned earlier, the Council should pass a Resolution in support of State legislation S.359A (Persaud) / A.3145A (Epstein) and support advocacy efforts to address this issue at the State level.

The home care workforce is facing an economic crisis due to New York State funding and policies that perpetuate near-poverty wages and unfairly pit workers against nonprofit employers. Urgent action is needed to stabilize the home care sector and fairly compensate its workforce. We regret that Introduction 175 is not the way to reform the sector, and that as written, Introduction 175 will almost certainly force home care agencies to close throughout New York City, ensuring that older adults and people with disabilities cannot find the care they need to remain in community.

For these reasons, we reiterate our concern with Intro 175, and strongly urge the City Council to join us in addressing this issue by supporting S.359A (Persaud) / A.3145A (Epstein).

Thank you. To follow up, please contact me at nmoran@unhny.org or my colleague Tara Klein at tklein@unhny.org.

By Alex Elegudin of Wheeling Forward - Disability Organization

Re: Testimony in OPPOSITION of Int 0175 re Home Care Hours

I will not go into a long list of things that are wrong with this bill, as my peers have covered many of the bill's shortcomings and inequities.

However, imagine being in the shoes of a person with a disability who receives 24-hr live-in home care services. Now, imagine this bill passes. Now, this person is relegated to lose their much-needed home care. There is no alternative to 24-hr live-in services that this person can avail themselves of, under the current home care system rubric. This bill just made someone lose their home care services.... NOW, imagine this happening to thousands of people!

Thus, ULTIMATELY this bill is just MEANS TO TAKE AWAY HOME CARE SERVICES FROM PEOPLE WITH DISABILITIES. The bill may have other intentions, but the actual result would clearly be devastating!

THIS BILL CAN NOT PASS AND MUST BE ABANDONED! Then, start this conversation in Albany..

-Alex Elegudin

From: Aaron Yin <aaronmyin@gmail.com>
Sent: Friday, September 9, 2022 11:37 AM
To: Testimony
Subject: [EXTERNAL] Testimony in SUPPORT of INT 175

Hi all,

My name is Aaron Yin, I live in City Council District 40, and this is my testimony in full support of INT 175, the No More 24 Act.

As you may have heard during the hearing, 24 hour shifts cause irreparable physical and mental harm to home care workers, who are primarily immigrant Asian and Latina women. They have permanent physical disabilities in their arms, wrists, and lower back. Some have had miscarriages. Many of them cannot sleep now without medication. I thought the situation was bad, and after hearing their testimonies, it is far worse than I imagined.

Many opponents of this bill talk about workers WANTING to work these 24 hour in a row shifts, or WANTING to work more than 50 hours a week because otherwise they couldn't make enough money to live in the city.

These opponents IGNORE the fact that the biggest source of income loss is the fact that these workers' agencies are currently stealing 11 hours of wages from every 24 hour shift these workers are doing. Under current Medicaid law, these agencies are obligated to pay the full 24 hours if the worker doesn't get 5 hours of uninterrupted sleep (see Assemblymember Ron Kim's testimony). All of the workers have mentioned how it is IMPOSSIBLE to get that sleep with the patients they have: patients who wake up at odd hours of the night, who need to be turned every 1-2 hours, who don't sleep at night and wander around. Many workers mentioned how NO amount of additional work hours, NO amount of overtime work, is worth their health, or their time with family.

Ending the 24-hour shifts and capping them will make working conditions and quality of life much better for home care workers. Better working conditions AND paying workers for all hours they work (which agencies should be doing already) will attract more home care workers to the industry and address this worker shortage. Would you want to start a job somewhere where all the workers are saying is a terrible place to work? Hell no!

Better working conditions for the workers will lead to better care for patients. We will all grow old one day, and I do not want to be taken care of by someone whose own body is falling apart due to working conditions and stolen labor.

Thank you for your time.

Best,
Aaron

August 29, 2022

I Adizatu Nurudeen, disagree with the 0175 Bill as I am a home health aide employee for people with disabilities. By Decreasing the hours of the home health aide services will affects me very much as this is my source of income for me and my family. As a caretaker this decrease in service hours will affect my income tremendously making it very hard for me to support myself and my children as well as the patients that I care for as they depend on the home health aide to assist them with their daily living. For example, with food shopping/ medical appointments/ cleaning/ cooking and doing the laundry and most importantly being a companion to my clients that do not any family members.

Sincerely

Adizatu Nurudeen

Good afternoon. I am here as a supporter of the Ain't I A Woman Campaign and I would like to share my enthusiastic endorsement of Intro 0175-2022 — The 'No More 24' Act.

I come to this issue from the patient side — in 2020, my mother and I hired the services of a compassionate, dedicated, and highly skilled home care worker as we cared for my terminally ill grandmother. From personal experience, I can attest to the fact that home attendants and home care workers provide lifesaving, life-sustaining support to not only patients, but entire families. Nevertheless, New York City's home care industry continues to exploit its workforce of predominantly Black, Latin, and Asian women through 24-hour workdays, 50+ hour work weeks, consecutive shifts, and rampant wage theft. These labor practices are nothing short of racist, sexist violence that endangers the lives of home care workers, their families, and their patients. The 'No More 24' Act must be passed to protect workers and hold industry profiteers accountable.

**Testimony: Intro 175. New York City Council Committee on Civil Service and Labor
September 6, 2022**

My name is Alice Blank. I am Vice Chair of Manhattan Community Board 1. Today, I am testifying today as a member of the public who strongly supports Intro.175, a local law seeking to limit the maximum working hours for home care aides.

This bill underlines a critical health care issue, labor issue and equity issue in New York which falls under the radar and which must be resolved immediately.

How can any of us be asked to work 24 hours a day? How can anyone be effective at a job and be expected to maintain a healthy life being on call 24 hours a day? The answer is simple. No one can.

Those of us who are healthy and able bodied rarely if ever think about the need for home care aides. We have little reason to engage with this critical part of our workforce. But as our communities age, particularly the boomer population, the need for health care aides become very clear, a need which will grow exponentially.

Home health care aides are vital to our aging and disabled populations. Watching my parents age and pass on, it became very clear how extraordinarily difficult and demanding home care aide work is. The assistance home care aides provided to my mother and father before their death was unsurpassed. No one of my family could have done the herculean work of these aides.

The fair, dignified and equitable treatment of this part of our workforce is essential and critical.

Please support Intro 175 to ensure fair working conditions for our home care aides.

August 25, 2022

I Ana Mejia, disagree with the 0175 Bill as I am a home health aide employee. By Decreasing the hours of the home health aide services will affects me very much as this is my source of income for me and my family. As a caretaker this decrease in service hours will affect the patients that I care for as they depend on the home health aide to assist them with their daily living. For example, with food shopping/ medical appointments/ cleaning/ cooking and doing the laundry.

Sincerely

Ana Mejia

My name is Anne Kochman. I have been a registered nurse in New York for over 35 years and I am a member of the National Mobilization Against Sweatshops. I am here to urge you to vote in favor of this bill, to pass Intro 175 and to prohibit 24-hour shifts and to cap weekly hours at 50 in home care.

For decades, nurses in New York State and throughout the US have organized and struggled to protect RNs from mandatory overtime to protect our health and the health of our patients. We know from our personal experience and the unions that represent nurses that health workers can not work hours and days on end safely. In June of this year, unions including 1199 SEIU, the New York State Nurses Association, the New York State AFL-CIO and several others released a statement applauding the NYS Legislature for passing bills to protect nurses from unfair mandatory overtime. I quote Mario Cilento, President of the NYS State AFL-CIO: "We cannot continue to schedule our nurses for double or triple shifts with minimal breaks and expect quality care and safe working conditions."

Our home attendant colleagues deserve the same rights. They are often the sole support for their patients who need the care and attention of well-rested and healthy home attendants. You have heard already from many home attendants who speak to the need to be available to their patients every moment; they are frequently the ONLY support for that patients.

Why are we treating home attendants who do this critical work differently from the nurses who work in the hospital?? Pass Intro 175, and protect home attendants who are doing such important work for those among us who are the most vulnerable!

Anthony Trocchia
Graham Avenue
Brooklyn, NY 11211

atrocchia@aol.com

Testimony Pertaining to Intro. 0175-2022

I am an individual born with Spinal Muscular Atrophy on August 12, 1969. I enrolled in Consumer-Directed Personal Assistance (CDPA) August of 1993 as a birthday gift to myself. I "came out" as a gay man two years earlier and needed to take this major step to try and merge my two identities.

I want to stress 4 important characteristics of the Consumer-Directed Personal Assistance model of long-term care, which is based on the INDEPENDENT LIVING philosophy:

- Consumer and Personal Care Attendant (PCA) have a direct relationship.
- Many Consumers are self-directing.
- Consumer manages Personal Care Attendants, including recruiting, interviewing, hiring, training, supervising, and firing.
- Consumer and the PCA determine the work schedule within the number of hours authorized by the local social services department.

I receive 24-hour continuous alert care, provided in two 12-hour shifts per day. I must admit that Intro. 0175-2022 seems surreal to me. None of my employees are forced to work any hours they do not want. I believe the City Council fails to see the major distinction between CDPA and traditional Medical Model agency home care, and the difference is tremendous. Traditional Medical Model agencies serve as a training and staffing agency. They determine the hours an employee works with a client. In CDPA, the schedule is worked out between the employee and the client. I presently have three PCAs. One works 48 hours per week, and the other two work 60 hours per week. For the first 40 hours, all PCAs get the same minimum wage. It is the

overtime pay that truly makes the difference. Those additional 20 hours of OT pay for 2 of my PCAs means a great deal.

Intro. 0175-2022 is a misguided piece of legislation. With the intent of helping PCAs, you will be harming clients. I have never witnessed a more difficult time recruiting and retaining help as during the current public health crisis. The majority of applicants want at least \$20 per hour. Intro. 0175-2022 will achieve the opposite of that by restricting how many hours a PCA can work per week. It is crucial that I say this again for effect: we want PCAs to earn a decent living, yet this piece of legislation will limit how many hours a person can work per week. Food prices and rents are mind-boggling [scroll down for WSJ article in italics]. Many people spend most of their income on food and rent, yet we want to restrict how many hours a person can work weekly. How does this help anyone? In the sphere of personal assistance, the client often seems left out of the equation. I have a carefully cultivated relationship with my three PCAs. Why must I be forced to truncate their schedules and reduce their income? How does this help them or me?

In 2012, the State of New York began mandating that all people needing more than 4 months of long-term care enroll in a Managed Long-Term Care plan. The fact that I am a self-directing individual didn't matter.

In 2021, the federal government put into motion Electronic Visit Verification (EVV) for all home care which basically puts us on house arrest. EVV is the equivalent of an electronic monitoring device. Apparently, I have committed the crime of being a person living with a severe disability in America.

It's now 2022, and the NYC Council feels the need to push Intro. 0175-2022 into the picture.

When do I get to live my life on my terms?

Why is it that, when you are poor, you are subjected to countless rules and regulations which makes living overly difficult?

Why can I not have an unencumbered relationship with my Personal Care Attendants?

Why is my existence so micromanaged?

I resent this intrusion by NYC government. It is not in my best interest nor that of my current Personal Care Attendants. It

is not needed and will endanger the well-being of people with disabilities as well as their dedicated PCAs. If a Personal Care Attendant works with a traditional home care agency, in other words not CDPA, and he/she is assigned too many hours, that individual has the right to just say no or quit. How is restricting their weekly hours going to help anyone? It doesn't. It lessens an employee's income and affects the client's continuity of care. Please vote "no" to Intro. 0175-2022.

Vote "NO" on Intro. 0175-2022

New York City Rents Hit Record Highs Amid Nationwide Housing-Price Increases

by Peter Champelli

The Wall Street Journal

Aug. 11, 2022

New York City rents hit an all-time high in June, reaching \$3,500 a month as prices skyrocket from pandemic lows. Rents are up in many cities across the U.S., but New York City's recent rise is outpacing other major cities like Los Angeles and Chicago, forcing some tenants out of apartments that were cheaper at the beginning of the Covid-19 pandemic.

Testimony of Arlene Joseph, Member, 1199 SEIU UHWE

Good afternoon.

My name is Arlene Joseph, and I am a member of 1199. For the past 7 years, I have worked as a home attendant. My patient can remain in her home because of home care. She needs help with meals, bathing, housekeeping, getting to medical appointments and running errands. I take care of her in 24 hours shifts, 3 days a week.

When she needs help at night, I let my agency know that I could not sleep and get paid for those hours. When I work more than 40 hours, I get overtime pay. I am very lucky that I can get overtime pay.

1199 is fighting for us to get paid for the 24 hours that we are in the home, but laws have to change. Every year we go with the Union to Washington, DC to get changes to the laws, but change is slow. We were able to change laws that made us domestic workers so we can get overtime. We also go to Albany to get funding to pay for 24 hours and are still fighting for it.

The law that you are proposing will hurt us more than it will help us. If there is no money to pay for 24-hour care, my patient will end up in a nursing home and I could lose my job that I need. When people go to nursing homes they lose the homes they worked hard to get and can never go back. That is very sad and unfair.

Home care workers need help and we need to change laws. But you won't help us with this law you are proposing to limit our overtime pay. You should help us get better pay so we don't have to rely on overtime pay.

Thank you.

Testimony of Brenda Hibbert

Good afternoon. My name is Brenda Hibbert. I am an 1199 delegate and a home attendant for 31 years. I have two cases with different agencies.

My first client is for 24-hours, 3 days a week. She is a bedridden 97-year-old. If this law passes, she will go to a nursing home, and I will lose that job.

My second job is 12-hour shift over 3 days with another agency. My client is a young, disabled woman who is very blessed to have someone take care of her at night, or she would be in a nursing home.

Even though I work many hours it is too hard to pay bills. I am very afraid of losing my home. Costs for everything are going up and everything is more expensive, but I still get paid the same. I thank God that we just got a \$3 hourly raise, but we still cannot catch up with how fast costs for everything is going up.

Home care workers need help and better pay. We do not earn enough to survive in New York City. More needs to be done so we don't need to have two jobs and need overtime to pay our bills.

If this law passes without the Medicaid money needed to pay for the 24 hour shifts, my client will go to a nursing home and many of us might lose our jobs.

This law will hurt home care workers more than it will help, and our clients will end up in nursing homes.

Please, do not pass this law.

Thank you.

Today has been a long day in the making and a vital step to securing justice for home healthcare workers. The so-called "24 Hour" shift is a euphemism for an exploitative system that relies on the labor of predominantly immigrant women and continues to disempower them as they seek redress for emotional and physical abuse. Lives have forever been changed from the toll working 24 hours a day has on the body. Workers face a lifetime of chronic pain and emotional trauma. We must ensure that no one is ever made to work 24 hours a day ever again.

That we as a city ever normalized this treatment of workers, laundered through greedy organizations and public officials is a black mark on our city. These same officials and executives have bemoaned that the laws that would have stopped them from perpetuating harm on their workers simply "did not exist." They claim that this was the only way their home health care programs could be run. I would have never imagined we needed a law for employers to do the right thing and treat their workers with dignity. However, as they themselves have told us that they are unable or unwilling to be responsible employers, I urge the passage of Int. 175 to end the 24-hour shift and forever close this too often exploited blind spot in our labor laws.

August 26, 2022

To whom it may concern:

I Carmen Candelario would like to testify that I used to work as a now I am off-duty due to health issues when I was working as a home health aide services via an agency to the client. I assist the client with home health aide services for 5 days a week for 8 hours. The services I provided to the client are very good and helpful for the client since the suffers from a disability. I am totally against this bill since the home health aide services as well as the agency help me by providing me with a steady job and at the same time I attend to the needs of the client. Without the type of services, I provide to the client are good and necessary since it is very difficult for the client to do the daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that are currently been received. This bill should not be passed since it will cut down the hours that the home health aides receive and provide tot the client for the needed an required services. The home health aides should be receiving a better pay, the work is hard the hours should be raised, should be getting paid for the number of hours work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

Spanish

Hola, mi nombre es Carmen Carrasco. Hace veinte años que he trabajado como cuidadora en los hogares haciendo turnos de 24 horas. Por esos turnos, solo ganaba trece horas de pago. Estos últimos 20 años, he trabajado al menos tres días sin parar a la semana: 72 horas seguidas, para solo 39 horas de pago. Con la aprobación del Acto No Más 24, podría trabajar menos horas para más compensación, sin robo de salario.

Cuando llegué a este país, trabajaba en fábricas de ropa por 19 años. Era un trabajo agotador y duro, pero todavía podía ver a mi familia anoche y descansar. Hoy día, se llaman esas fábricas como fábricas de explotación. Pero ese trabajo no era nada comparado con los turnos de cómo he sufrido por los turnos de 24 horas.

Trabajar turnos de 24 horas ha afectado mis relaciones con mis hijas. Mis nietos siempre me están diciéndome que me extrañan: me rompe el corazón. Durante 20 años de trabajar 24 horas, casi nunca podría dormir anoche. Tienes que estar constantemente atenta: asistiendo al paciente a bañar, limpiando cosas, ayudándole a darle la vuelta en la cama. He desarrollado tantísimos problemas de salud trabajando esos turnos. Tengo estrés, reflujo, taquicardia, presión alta. Ahora tengo que tomar muchas pastillas cada día por esos problemas. Mi médico me dijo que no debería hacer turnos de 24 horas, que me están dañando la salud. Pero si no trabajo 24 horas, la agencia no me va a dar trabajo. Como puedo dejar?

Los turnos de 24 horas son el trabajo más pesado que existe. He destruido mi salud y me ha robado tiempo con mi familia que jamás recuperaré. Nadie debería sufrir así. El consejo de la ciudad debe oír a las cuidadoras, y pasar el Acto No Más 24.

English

Hi, my name is Carmen Carrasco. I have worked as a home attendant working 24-hour shifts for the past 20 years. For these shifts, I was only paid for 13 hours of my work. The past 20 years, I've worked at least 3 days straight a week: 72 straight hours on the clock, for only 39 hours of pay. With the passage of the No More 24 Act, I could work fewer hours for more compensation.

When I first came to this country, I first worked in garment factories for 19 years. It was backbreaking work from 9 to 5, but I was still able to at least see my family at night and rest. Today, they call the garment factories I used to work in sweatshops: but that was nothing compared to how I have suffered working 24-hour workdays. Working 24-hour shifts has impacted my relationship with my daughters: I miss them. It breaks my heart when my grandchildren tell me they miss me.

For the past 20 years of working 24-hour shifts, I have been unable to sleep at night. You have to be attentive, bathing the patient, helping them with the bathroom, turning them at night. I have developed so many health problems from these shifts: stress, acid reflux, tachycardia, high

blood pressure. My doctor told me I had to stop working 24-hour shifts because it was harming my health. But if I don't work 24, there's no work available for me so how can I stop?

Working 24-hour shifts is the most difficult work that exists. It has destroyed my health and taken away time with my family I can never get back. No one should have to suffer in this way. The City Council must listen to the home attendants, and pass the No More 24 Act.

August 25, 2022

To whom it may concern:

I Carmen Soria would like to testify that I receive the services of a home health aides via an agency. The home health aide assists me 4 days a week for 8 hours. The services provided to me are very good and helpful for me since I suffer from a disability. I am totally against this bill since the home health aide services as well as the agency help me with all my needs. Without the type of services, I receive it would be very difficult for me to do my daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that they are currently receiving. This bill should not be passed since it will cut down the hours that the home health aides receive to come to my house and provide services for me. The home health aides should be receiving a better pay, their work hours should be raised, they should be getting paid for the number of hours they work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

To the NY City Council:

RE: September 6, 2022 Hearing on Intro 0175 (Marte)

My name is Carolyn Wember. I'm a retired attorney, and I'm writing to express my **OPPOSITION** to Council Bill Intro 0175. My daughter, my husband, my ex-husband, and I all live in Council Member Shahana Hanif's district in Brooklyn. We all voted for her, and were dismayed to learn that she is a co-sponsor of this well-intentioned but utterly misguided legislation.

My adult daughter is physically disabled and relies on Medicaid Home-Care services to remain at home in the community. She is a graduate of Brooklyn College and currently works with Bryan O'Malley, as a Peer Mentor for CDPAANYS. My daughter uses the Consumer Directed Personal Assistance (CDPAP) program for her home-care services. My husband, my ex-husband and I are all authorized, paid family caregivers for my daughter (which is permitted under the CDPAP regulations).

My daughter has cerebral palsy and is extremely physically disabled. She receives "split-shift" home-care services because of her high needs. Like many of the people testifying in opposition to 0175, I am morally opposed to the continued existence of "Live-In" 24-hour shifts with 13 hours of pay. I have never understood how such working conditions could be repeatedly upheld in the courts; however, if Live-In shifts are to be eliminated, it must be accomplished at the state level. By contrast, I am NOT opposed to home-care workers being allowed to work more than 50 hours/week. In the home-care world -- as in many health-care jobs -- it is common for a home-aide to work five 12-hour shifts per week. This provides the worker with 20 hours/week of overtime pay, and should NOT be prohibited, as long as it is voluntary on the part of the worker.

I watched most of the live-streamed testimony at the September 6 hearing. Several of my friends and acquaintances testified, and there is really nothing more I could say that would add to the outpouring of eloquent statements in **OPPOSITION** to 0175. I quote below from the written testimony of my friend Dr. James Edmondson, who concisely sums up the opposition as follows:

"[Intro 0175] is ill-conceived and deeply flawed and must not pass. Home care is regulated by the State. If any changes are to be made, they must be made at the State level, not at the City level. By subjecting fiscal intermediaries and home care agencies to punitive fines for doing what the State licenses them to do, the Council will worsen the existing home care labor crisis, drive providers out of business, deprive people with disabilities of the assistance they need to remain in their own homes, and drive more people into nursing homes to die prematurely. Passing Intro 0175-2022 - Maximum working hours for home care aides will instantly invite provider lawsuits due to the City interfering with State and Federal jurisdiction over Medicaid-funded home care. If the City Council wishes to improve the working conditions for home care workers, the City Council should influence the State Legislature to act."

As I stated above, I support the abolition of 24-hour shifts with 13 hours of pay. However, with Intro 0175, the Council is trying to do an "end run" around the State Legislature in order to

achieve its goal. Surely many Council members realize that the ends do NOT justify the means in this case. Intro 0175 is bad legislation and should NOT pass. My daughter has been trying to make contact with Council Member Hanif's office, in order to discuss Downstate ADAPT's opposition to 0175 -- but she has not succeeded in making contact. I am dismayed that Ms. Hanif has been so inaccessible to her constituents -- we expected better of her. I was under the impression that Ms. Hanif was a strong advocate for people with disabilities; but if she does not withdraw her support from Intro 0175, my family of four would NOT vote for her again.

Thank you for reading my testimony,

Carolyn Wember
13th Street
Brooklyn, NY 11215

August 25, 2022

To whom it may concern:

I Cheila Apolito would like to testify that I receive the services of a home health aides via an agency. The home health aide assists me 4 days a week for 8 hours. The services provided to me are very good and helpful for me since I suffer from a disability. I am totally against this bill since the home health aide services as well as the agency help me with all my needs. Without the type of services, I receive it would be very difficult for me to do my daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that they are currently receiving. This bill should not be passed since it will cut down the hours that the home health aides receive to come to my house and provide services for me. The home health aides should be receiving a better pay, their work hours should be raised, they should be getting paid for the number of hours they work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

To whom it may concern,

My name is Christopher Vo, and I am an Infectious Diseases physician, and former labor organizer for SEIU-CIR. I am writing this letter on behalf of my peers and colleagues, and am emailing to ask for the strong support of all Councilmembers for the **The No More 24 Act (Intro 0175-2022)**, which is sponsored by Council Member Marte in District 1.

We have collectively worked throughout the COVID-19 pandemic as physicians, and throughout our training and work, have become no strangers to long and intensive work weeks, often totaling over 80 hours a week. We have all become familiar with working within a fragmented, unforgiving, and exploitative system, but we were still shocked to learn that our home health care attendants are being forced to work excessive 24-hour shifts, sometimes working back-to-back consecutive shifts. As fellow healthcare workers, we were appalled to learn that this matter has been called to attention and brought forth to the City Council for the past several years, yet no action has been taken to protect our most essential workers, many of whom are Black, Asian, and Latina women.

Currently, it appears that this situation is exclusive to New York City. In all other parts of the state, home health care attendants are only required to work 8-to-12-hour shifts. Additionally, our home health care workers are only paid for 13 of the 24 hours that they work and live with their patients. They are expected to sleep 8 hours a night, and take three 1-hour meal breaks, and thus are not paid for this time. However, this cannot be farther away from the truth, as these sick patients often need help during these unpaid 11-hours, as they usually require around the clock, maximum assistance given their age and underlying medical comorbidities. Working over 24-hours is unsustainable, and undoubtedly impacts the quality of care given to our most vulnerable patients.

It is tragic that our health care workers should have to endure such circumstances, and unacceptable that our elected leadership continue to overlook such regressive and inhumane working conditions as well as continued wage theft. However, we believe that now is the time to stand together, advocate on behalf of all workers, and to correct this unacceptable injustice, through supporting and passing The No More 24 Act, or Intro 0175-2022. Int 0175-2022 would end the 24-hour workday for home attendants, and mandate that all 24-hour shifts be split into two 12-hour shifts. Additionally, it would also cap the maximum number of hours worked for home attendants to 50 hours per week.

If passed into law, the No More 24 Act will not only protect workers' health and working conditions in New York City, but also improve the delivery of healthcare to our most medically complex patients, and ultimately create a more sustainable healthcare industry. To not act, is to be complicit in this harmful status quo. Thank you for taking the time to read our letter, and we hope that you will stand with us in advocating for a more just and humane working environment.

In solidarity,

Christopher Vo, MD
Bayan Alahmdi, MD
Rustin Zomorodi, MD
Michelle Evans, MD
Connie Zhao, MD
Brian Horwich, MD

Nisha Patel, MD
Shilpa Vashishta, MD
Nabeel Wahid, MD
Natalie Plick, MD
Sushrita Neogi, MD

August 26, 2022

To whom it may concern:

I Daysi Moreno would like to testify that I provide the home health aide services via an agency to the client, I have 2 different cases and at times 3 different cases. I assist the client with home health aide services for 5 days a week for 8 hours. The services I provided to the client are very good and helpful for the client since the suffers from a disability. I am totally against this bill since the home health aide services as well as the agency help me by providing me with a steady job and at the same time I attend to the needs of the client. Without the type of services, I provide to the client are good and necessary since it is very difficult for the client to do the daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that are currently been received. This bill should not be passed since it will cut down the hours that the home health aides receive and provide tot the client for the needed an required services. The home health aides should be receiving a better pay, the work is hard the hours should be raised, should be getting paid for the number of hours work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

August 25, 2022

I Dominga Soto, disagree with the 0175 Bill as this bill will affect the home health aid hours that I received. Decreasing the hours of the home health aide services will affects me very much. I as a patient with a lot of medical diagnosis who depends on the home health aide to assist me daily with food shopping/ medical appointments/ cleaning/ cooking and doing the laundry, not having the hours of services that I need will impact me negatively.

Sincerely

Dominga Soto

Written Testimony Regarding the ending of 24 hour workdays

My name is Eric Diaz, I am a life long resident of the Lower East Side and Executive Director of Vision Urbana Inc, a nonprofit organization in the neighborhood since 1996 providing services for seniors, youth, migrant and Immigrant families on health and wellness, workforce development, a Neighborhood NORC, senior center services and a food security initiative impacting thousands of residents weekly. We understand there is great need for home Healthcare in Lower Manhattan within the Community Board 3 boundaries, which include Loisaida Lower East Side, Two Bridges and parts of Chinatown as this is a Naturally Occuring Retirement Community. This community has historically been shaped by the indigenous leadership of communities of color spanning over 3 generations. The local leaders who have fought for the marginalized and the forgotten faces are now in need of care themselves and sometimes even for their loved ones who live with them. In providing wrap around services to these seniors and those in need of home attendant services, we know the need for home workers who are rested warm, caring, who are complete in their human experience, who can care for patients as fellow humans and not under undue pressure to work hours which end up as volunteer hours because they can not be counted towards their total works worked. The workers facing pressure on their timesheets happen to be Immigrants and women of color. The bill being introduced will provide workers with human right support to continue the life saving work they're doing while feeling respected and honored as they should to continue serving our indigenous leaders and elders in need. Rather than riding the backs of workers until they crash (with real mental, emotional and physical issues) strengthen the current process for new and incoming home care workers so the potential for quality candidates can apply. The hope is that when I or another beloved resident or indigenous community leader is in need of home care services, there will be in place a stronger system for home attendants than there is today.

[Intro 0175-2022.](#)

I am writing in support of the 'No More 24' Act. It is essential that all workers are granted basic rights including the right to work a sustainable shift. A twenty four hour shift is unsustainable and causes great harm. It isn't ok for the home care workers and it isn't ok for the people receiving care. It takes a terrible toll on the health of the workers impacting their families and compromising the care that they are providing. It is not an acceptable situation for all those involved. No one should be forced to work a 24 hour shift. We must put an end to these inhumane conditions.

Please put an end to this by passing CM Christopher Marte's bill [Intro 0175-2022.](#)

Sincerely,

Erica Baum

New York

September 6, 2022

To: City Council, Committee on Civil Service and Labor
Re: Pass the “No More 24” Act (Intro 0175-2022)

Hello,

Please accept this as my written testimony for my strong support for the “No More 24” Act (Intro 0175-2022).

When my family and I first arrived in NYC with limited language skills, my parents had depended on local social services to seek out employment in order to support us. My mother was recommended to become a 24 hour home care worker due to the few options that were available to her. It was either a 24 hour home care worker (and only 24 hour) or continue to work at sweatshops making pennies on each clothing pocket she would sew. I was too young to fully understand what she was doing living elsewhere and was only home a few days at a time. She told me about how she had to get up in the middle of the night, some nights a few times, to help her patients, and the heavy lifting she had to perform at times. I'll never forget the confusion I had when I found one of her pay stubs later on and saw that she was only paid 13 hours each day for all those days she was away. Growing up, that always stayed with me.

Now almost 40 years later, it's hard to believe this is still happening. When you look at the core of the issue, it is simple and only logical to pass this bill without hesitation. No one should be working 24 hours straight and only getting paid for 13 hours; working 24 hours straight with interrupted sleep for consecutive days on end is detrimental to one's health. It is literally a form of torture and modern day slavery.

It is a shame that many of the health care agencies are exploiting these hard working immigrants and how many in positions of power are turning a blind eye and allowing this horrible practice to continue. Home care workers are dedicated and compassionate lifesavers. They should be compensated fairly and treated with the respect that they deserve. Anyone who does not vote to approve the passing of this bill should be ashamed of themselves, for allowing these racist, misogynistic and violent labor practices to continue, as they cause irreparable physical and psychological harm to a workforce of predominantly immigrant women who don't have many options.

Please, I urge the City Council to pass the ‘No More 24’ Act. Banning these 24 hour shifts and forcing care to be split into 12 hour shifts is the humane thing to do. It pains me every time I think about what my mother and so many other immigrant mothers have to endure because the people who should be standing up and speaking up for them are not. Let you be their voice and stop healthcare agencies from taking advantage of immigrants now by passing this bill.

Thank you for your time.

Sincerely,
Fannie Ip
Montgomery St.

New York, NY 10002

testimony

My name is Fengjin Zhu. Since 2015, I have been doing 24-hour shifts until 2018. It is very hard work, but I only get 13 hours of wages per 24-hour period. I have cared for a total of 4 patients, and they all have to get up at night to urinate, drink water. Sometimes they can't sleep at night and ask me to stay up with them and chat with them. I get up to help them meet their needs at least three times per night. The lack of sleep is causing me to have pain all over my body and need physiotherapy. 24-hour work is a kind of torture, but many workers like me have no choice but to do it, because if you refuse, the employer will stop giving you assignments, so you lose your job very quickly. Once, I cared for a very heavy patient (250 lbs) for 24 hours. Since I was half her weight, I couldn't lift or move her, couldn't change her diaper. I asked my company to change my patient, since it wasn't suitable for neither of us. As a result, my company stopped giving me any more work, and it still has not to this day. Overwork and underemployment are two sides of the same coin.

Therefore I support ending the 24-hour workday, it'll be better for workers and patients.

In addition, the nature of our care work is harder than most have imagined. Not just at night, but also during the day, the task is arduous and the work is tiring. During the day, I have to help my patients (often with wheelchairs) to get to the park, to buy things, and to be outside for a few hours. Once, when we went to the park, my patient almost fell, I shouted and asked someone to come and help, so the patient turned out to be alright and intact, but the accident left trauma in my heart, and I was very afraid of traveling with my patients moving forward. Us the caregivers have a lot of responsibilities and are always concerned with the life and death of the seniors and patients. This is a very stressful job! This is why I support capping the working week at 50 hours, so that workers like me get adequate rest, and patients get better quality care.

证词

我叫朱凤金，24小时护理从2015年开始陆陆续续做到18年，很辛苦，却只拿每天13小时的工资。我总共做了4个老人家，他们都要晚上起来小便，喝水，有时睡不着，要求我陪聊天。晚上我起床做工起码三次。缺少睡眠，导致我现在浑身疼痛，需要做物理治疗。24小时工是一种折磨，但很多护理员没办法只好做，因为拒绝的话，派工的人马上就不给工给你。有一次我24小时照顾一位很重的病人（250 磅），我只有她体重的一半，搬不动她，无法换尿片三次。我做了一天实在做不了，跟辅导员要求换一个老人家，我公司就再也没有工给我，到今天也没有。导致有的人过度劳累，有的人没有工作。

所以我支持结束24小时工作日。

护理工作。不用说晚上，即便是白天也是任务艰巨，做工很累。白天要陪老人家去公园，买东西，几个小时在外面。有一次老人家到公园去，差点跌倒，我大叫，叫人家过来帮忙才没事，但在我心中落下阴影，以后都很怕。我们护理员负很大责任，时时刻刻关乎老人家的生死，这是一份很令人紧张的工作！所以我支持将每星期工时上限定为50小时。

Versión en español

Testimonio de Francisco A. Javier Castillo

Buenas tardes miembros del Concilio Municipal de la ciudad de nueva york,

Me llamo Francisco A. Javier Castillo, y soy miembro de la 1199. He sido empleado como trabajador de salud en el hogar desde el año 2008, cuidando al mismo cliente que necesita cuido continuo durante todos estos años. Cuando comencé, fui asignado un turno de 24 horas, 5 días semanal, cama adentro. Durante los años iniciales, mis horas de dormir y comer eran interrumpidas frecuentemente y no era pagado por ese tiempo.

En el 2018, mi caso de 24 horas fue convertido a uno de turno partido en 12 horas. Ahora trabajo 48 horas a través de 4 días semanalmente. Otros colegas cuidan a mi cliente cuando no estoy trabajando. Pero, en caso de que uno se enferme o se va de vacaciones, puedo cubrir ese turno. Esta propuesta significaría que ya no podría trabajar horas adicionales para cubrir los turnos de mis colegas, pero tampoco trabajaría solo 50 horas semanales. No puedo trabajar menos horas. Si mis horas son limitadas en la agencia donde trabajo corrientemente, tendría que conseguir un segundo empleo con otra agencia, donde tendría que trabajar aún más horas porque no ganaría sueldo a tiempo y medio. No es necesario hoy día porque puedo trabajar las horas adicionales con un solo cliente.

Sin cuido continuo, mi cliente no podría vivir independientemente y estaría hoy día en un asilo. Estoy agradecido de tener solo un cliente que conozco bien. Muchos de mis colegas son asignados turnos de cuatro horas y tienen que trabajar para agencias múltiples para acumular horas suficientes para un turno completo. Tengo suerte que nunca lo tuve que hacer. Hasta que nos paguen mejor, tendré que seguir trabajando más de 50 horas semanales.

En el 2021, fui uno de los miembros que testificó acerca de mi experiencia con el turno de 24 horas, en el caso de querella y arbitraje sobre abuso de sueldo y horarios iniciado por la 1199. Ese arbitraje resultó en creación del Fondo Especial Para Compensación (Special Wage Fund) concediendo \$40 millones para recompensa a los trabajadores de cuidado en el hogar por horas, mayormente ocurriendo antes del 2015, cuando no éramos pagados por horas que trabajamos con interrupciones. Estoy muy orgulloso de haberme unido a los miembros de la 1199 en esa querella, y que fuimos exitosos en el caso.

Por favor, no aprueben esta ley. Solamente servirá para perjudicar a los trabajadores de salud en el hogar y a sus clientes. No nos beneficiará.

English Version:

Testimony of Francisco A. Javier Castillo

Good afternoon members of the NY City Council,

My name is Francisco A. Javier Castillo, and I am a member of 1199SEIU. I have worked as home health aide since 2008, caring for the same client who needs constant care during all these years. When I began with my client, I was assigned to a live-in 24-hour shift, five days per week. During the early years working with my client my sleep and meal breaks were often interrupted and I was not paid for them.

In 2018, my 24-hour case was converted to a split shift. I now work 48 hours over 4 days per week. Other workers care for my client when I'm not working. However, if they call out sick or go on vacation, I cover for their shift. This bill would mean that I could no longer work the extra hours to cover their shifts, but it does not mean that I would only work 50 hours a week. I cannot afford to work fewer hours. If my hours were capped at my current agency, I would be forced to take a second job at another agency, where I would have to work even more hours because I wouldn't be getting overtime pay. I don't have to do that now because I can work overtime hours a week for my client alone.

Without our constant care, my client could not live independently and would be in a nursing home. I appreciate having only one client that I know well. Many of my co-workers can only get four-hour shifts and need to work at multiple agencies to put together full-time work hours. I am lucky that I have never had to do that. Until home care workers are paid more, I will need to keep working more than 50 hours a week.

In 2021, I was one of the workers who testified in the 1199 home care wage and hour grievance and arbitration about my experiences on a 24-hour case. That arbitration resulted in the creation of a \$40 million Special Wage Fund ordered by the arbitrator that will compensate 1199 home care workers for the times, mostly before 2015, when we were not paid for interruptions. I am so proud that I stood with my fellow 1199 members in that case and that we won!

Please don't pass this law. It would only hurt home care workers and clients. It will not help us.

Testimony in Support of INT-175

I am writing in support of INT-175. My name is Gary He. I want to talk about how long working hours has affected my family, and why we must pass INT-175 and stop bosses from forcing workers into endless work.

My uncle was a tour bus driver who took passengers all along the east coast from Florida to Quebec. He drove throughout the night, with little sleep, to take tourists to their destinations. It seemed like a good job for an immigrant who spoke limited English, with a family to provide for. He did this for over 20 years, kept away from his family for days, weeks at a time. He kept working until one day 4 years ago he had to be admitted to the hospital from pain. It turned out that he had encephalitis, swelling in his brain, due to the stress and toll on his body from years of long working hours. In the first few months of his recovery, he couldn't speak, couldn't feed or take care of himself. He's made inroads but today he still has very limited short term memory, he often forgets basic words and even the names of his own children. He cannot work anymore.

His relationship with his kids was already ruined due to his absence while working throughout their childhood. The consequences of long working hours continue to harm him and our family, years after he stopped working.

Many home care workers have spoke about the physical and mental harm from the endless hours, the strain it has put on their relationships with friends and family. Long working hours harm everyone in our City and society.

I urge the City Council to pass INT-175 and put an end to this racist and sexist practice.

August 29, 2022

I Gifer Avelino, disagree with the 0175 Bill as I am a home health aide employee for people with disabilities. By Decreasing the hours of the home health aide services will affects me very much as this is my source of income for me and my family. As a caretaker this decrease in service hours will affect my income tremendously making it very hard for me to support myself and my children as well as the patients that I care for as they depend on the home health aide to assist them with their daily living. For example, with food shopping/ medical appointments/ cleaning/ cooking and doing the laundry and most importantly being a companion to my clients that do not any family members.

Sincerely

Gifer Avelino

Intro-0175- Testimony

I, Griselda Lewis, am the mother of a paraplegic son. I am opposed to the bill of cutting hours for home health aides, home care services, home attendant, care givers. My son depends on 24-hour home care services. The services are beneficial to my son and myself. Since he cannot care for himself. I cannot aid my son 24 hours a day, so I also depend on home care services to be provided for my son. I oppose the bill because it does not benefit the home care provider, nor will it benefit my son and myself.

James Edmondson, M.D., Ph.D.
Patricia Edmondson, M.D., B.C.B.A.
Juno Street
Hills, NY 11375
jedmondson1@nyc.rr.com

August 20, 2022

Re: Intro 0175-2022 - Maximum working hours for home care aides

To Whom It May Concern:

James Edmondson is the Consumer Directed Personal Assistant Program (CDPAP) home care aide for our intellectually disabled son. We are in communication with a number of families in New York City who utilize CDPAP.

We urge the City Council to reject and defeat Intro 0175-2022 - Maximum working hours for home care aides.

This is a bill introduced by Councilmember Marte based on the experiences of his own family member who is a home care aide. It is ill-conceived and deeply flawed and must not pass. Home care is regulated by the State. If any changes are to be made, they must be made at the State level, not at the City level.

By subjecting fiscal intermediaries and home care agencies to punitive fines for doing what the State licenses them to do, the Council will worsen the existing home care labor crisis, drive providers out of business, deprive people with disabilities of the assistance they need to remain in their own homes, and drive more people into nursing homes to die prematurely.

Passing Intro 0175-2022 - Maximum working hours for home care aides will instantly invite provider lawsuits due to the City interfering with State and Federal jurisdiction over Medicaid-funded home care.

If the City Council wishes to improve the working conditions for home care workers, the City Council should influence the State Legislature to act.

James & Patricia Edmondson

Hello my name is Jessica De La Rosa

Here we go again. Every few months people with disabilities are gathered to defend our rights to live equality. Today it's to bring attention to intro 175. The disability community has reached out to your offices several times to try and explain why intro 175 would force us into nursing homes and to tell you we want to live in the community. No one but seniors and people with disabilities has to defend their right to live in their homes. I am a person with a physical disability and so is my mother. I also live in a building similar to senior housing where people with disabilities also live. My mother, my neighbors, and I rely on home care workers to live independently.

I work full time, I drive, and I pay my taxes. I contribute to society just as you all here. The only difference is my mom, my neighbors, my disabled community members and myself rely on the arms and legs of our home care workers to be that extension of our bodies where our bodies don't work the same.

Our disabilities and care needs do not end after 12 hours especially if we have been authorized for 24-hour live-in services. That care is still very much needed, live-in 24-hour home care cases are still going to be authorized to many individuals with disabilities and seniors who qualify for it. Intro 0175 will not convert cases to 2 split 12-hour cases, On the contrary, it will force the abandonment of people with disabilities and seniors who are going to have to figure out how to take care of themselves or be forced into nursing homes.

Many home care workers are people of color who are already struggling to provide for their families because of inflation and living in NYC. As a result of the 50-hour limit of intro 175 and the loss of overtime these families are going to be forced to work for multiple agencies and additional hours just to maintain the same income, they would if they had overtime.

People with disabilities and seniors have recognized for a long time that our home care workers are essential. It is time that our government also recognizes them as essential workers, however, people with disabilities and seniors should not be sacrificed while doing that.

In order to recognize our home care workers and protect people with disabilities like me, and the seniors who live in my building who wish to remain living in their homes, we need to accomplish this in Albany. I am a constituent of assembly member Epstein who has been working on A 3145-A that would protect everyone without sacrificing anyone.

李建霄 Jian Xiao Li

大家好！我叫李建霄。我从2007年开始做护理，2010年开始做24小时。通常是连续3天24小时，在病人家里。我照顾的病人是老人痴呆，晚上不睡觉，会一直叫我起来，我也要一直看住她防止她跑到外面去。24小时护理工作根本没得睡。

为了生活一直做公司安排的24小时。担心我不做，就没工做。我一直做了10年24小时。直到身体实在承受不了。压力太大神经衰落。就把工作完全停下了。

我今天来就是支持市议会的175号法案废除24小时工作日。我们护理工人也是人，不是机器。

Hello everyone! My name is Li Jianxiao. I started home care in 2007, and began 24 hour shifts in 2010. Usually 24 hour shifts a day, 3 days in a row at the patient's home. The patient I care for has Alzheimers and dementia. If she doesn't sleep, she calls at to me, I also have to watch her to make sure she doesn't go outside. 24 hour home care work doesn't allow you to sleep. In order to live, I have been doing 24 hour shifts assigned by the home care agency. I'm worried if I don't take those shifts, I won't have work. I have been working 24hrs for 10 years. Until my body can't take it anymore. Too much stress leads to mental decline, until I can't work anymore. I'm here today to support Int 175 to end 24hr workdays. We are people too, not machines

Testimony in support of the *No More 24 Act* (Int 175-2022)

My name is Jihye Song, I am a member of the National Mobilization Against Sweatshops workers' center. I have met hundreds of home attendants who have worked these 24 hour shifts. All of them have been immigrants, nearly all women of color. All of them have been deeply harmed by working 24 hour shifts. They can't sleep anymore, they have hernias, slipped discs and chronic pain, they need canes to walk - even women as young as in their 40s - due to stress injuries from working non-stop, around the clock. They suffer from depression, anxiety, they've been divorced, they've miscarried, their children are strangers to them, they have died as a result of poor physical and mental health caused by these shifts. They have spent so many years, isolated in their patient's home, that they have panic attacks when they go outside. They have died as a result of poor health caused by these shifts. They end up needing the same kind of care they once provided. Many home attendants have testified, but their stories reflect only a fraction of the total pain that the 24 hour workday has caused to these women.

Those opposing this bill will say, how can we end 24 hour shifts when there's a shortage of home attendants? But this so-called shortage is manufactured by home care agencies and health insurance companies in order to preserve 24 hr shifts. When a home attendant tells her agency she doesn't want to work 24 anymore, or when she refuses a live-in shift, the agency only offers her too few hours - a 3 hour, or 4 hour shift - or often, they'll fire her on the spot. On top of that, there are all the home attendants forced to retire early because of injuries from working, who leave the industry entirely, who end up becoming patients that need care. Furthermore, the extreme long hours of 24-hour shifts are a major disincentive for workers, much more so than low pay (which is exacerbated by the systematic stealing of 11 hours worth of wages from each shift.) Home attendants have repeatedly said that they would not accept 24 hour shifts even if they paid \$100 an hour. Without a doubt, splitting the shifts would do much to attract workers to the homecare industry. *There would be no shortage of home attendants if there were no 24 hour shifts.*

So why is it maintained? It's because the home care agencies and health insurance companies make more money when they make one worker do the job of 2 or 3. This is the definition of racism, to exploit thousands upon thousands of immigrant women of color, destroying their health, their families, their lives, sending them to an early grave, all so a select few can get rich.

The 24 hour workday is a barbarous aberration, it is a disgrace to New York City, it is perhaps the most racist, sexist labor practice in the country - it must be ended. Pass Int 175-2022, and end this violence.

Jihye Song
7th Avenue
New York, NY 10030

Hello my name is José Hernandez. I would like to first thank the City Council for allowing me to share my story on why Intro 175 scares me.

I experienced a spinal cord injury back in 1995 when I was just 15 years old. Initially when I was released from the hospital I was authorized for a 2 - 12 hour split shift. A year after being home a worker from HRA came into my home and gave me an ultimatum - sign paperwork to convert my case to a 24 hour live-in case or go into a nursing home. As a scared teenager, I signed the form and had a live-in case for the next 16 years.

In 2008 I met one of the most impactful home care workers to ever have entered my life. When Fausto started working with me, he started as a 24 hour live-in worker. In fact, I am here right now because of the role he played in my life.

You will be hard pressed to find people more committed to the intentions of this bill than people with disabilities. We know our freedom is tied directly to our workers. But, while I, and most people with disabilities, believe in the intentions behind Intro 175 it returns me to the trauma caused by that HRA caseworker 26 years ago. People with disabilities have struggled for many years to justify their existence in society and their desire to live in the community.

People with disabilities and older adults who have been authorized 24-hour live-in services are going to go without much needed care or be placed into a nursing home because of intro 175. The law would force the abandonment of people with disabilities and older adults, who will have no choice but to be placed into a nursing home.

Some argue this is not the bill's intent. Intent doesn't determine outcome. Intro 175 will not change State Medicaid rules. People with disabilities and seniors will still be authorized for 24 live-in services, in some cases by HRA. Intro 175 cannot make their 24-hour live-in cases split cases; and people will go without needed services.

If we are serious about protecting home care workers, people with disabilities, and older adults, we must work together to advocate with Assemblymember Epstein and Senator Persaud to do this the right way in Albany.

In 1972, Geraldo Rivera disclosed the horrors of Willowbrook Institution right here in New York City, igniting the disability rights movement for deinstitutionalization.

In 1990 people with disabilities crawled up the steps of the Capitol, finally earning a law that recognized their basic civil rights.

In 1999 Justice Ruth Bader Ginsburg used the ADA to author *Olmstead v L.C.*, recognizing that people with disabilities have a right to receive services in the least restrictive environment possible.

The Supreme Court is doing enough to undo 50 years of progress on civil rights. We do not need the New York City Council to help them.



September 6, 2022

Jose Hernandez
United Spinal Association NYC Chapter
P.O. Box 286444, Yorkville Station
New York, NY 10128-0014

Dear Mr. Hernandez,

Thank you for contacting Disability Rights New York (DRNY). You asked DRNY to evaluate the impact that proposed NYC law, NYC Bill Int. No. 175-2022, a New York City labor law proposing to limit the hours a home health care/personal care aide (PCA) can work within a 24 hour period, might have on people with disabilities. DRNY concluded that the Americans with Disabilities Act (ADA), a federal civil rights law, likely supersedes the proposed law and may invalidate it if challenged in federal court.

DRNY is the Protection and Advocacy organization for New York State. At this time, DRNY neither supports nor opposes the proposed bill. The information below is provided to help explain the impact that federal law may have on this bill.

I. Levels of PCA Services

New York State laws and regulations establish requirements for people with disabilities to qualify for PCA services in their home. 18 NYCRR 505.14(d)(1). Those with the highest needs can be approved for “Continuous personal care services.” 18 NYCRR 505.14(a)(2). In these cases, multiple PCAs will attend to the individual in shifts over the course of the 24-hour calendar day.

Many individuals do not qualify for this highest level of care, and instead qualify for “Live-in 24-hour personal care services.” This is provided when

“the patient’s medical condition needs assistance during a calendar day with toileting, walking, transferring, turning and positioning, or feeding and whose need for assistance is sufficiently infrequent that a live-in 24-hour personal care aide would be likely to obtain, on a regular basis, five hours daily of uninterrupted sleep during the aide’s eight hour period of sleep.”



18 NYCRR 505.14(a)(4).

Generally, for people receiving Live-in PCA level of care, the PCA can develop a consistent schedule and relationship with the individual to ensure they meet the individual's needs within the allotted work hours.

II. Federal Law Preventing Disability Discrimination

The Americans with Disabilities Act (ADA) of 1990 provides comprehensive civil rights protections to people with disabilities in state and local government services, including state-funded medical care and insurance plans. 28 C.F.R. § 35.130. For many people, Live-in PCA care may be a service within the definition set forth in Title II of the ADA, and therefore, required for the State to comply with the ADA. *Id.*

The ADA may preempt a City law that ultimately leads to unnecessary institutionalization. The Supreme Court has determined that

“under Title II of the ADA, States are required to provide community-based treatment for persons with . . . disabilities when the State's treatment professionals determine that such placement is appropriate, the affected persons do not oppose such treatment, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with . . . disabilities.”

Olmstead v. L.C. ex rel. Zimring, 527 U.S. 581, 607 (1999).

Federal courts apply a two-tier inquiry when reviewing questions of whether a federal law preempts a state or local/municipal law, also called “federal preemption.” *Florida Lime & Avocado Growers, Inc. v. Paul*, 373 U.S. 132 (1963). The court must first ask whether there is “such actual conflict between the two schemes or regulation that both cannot stand in the same area.” *Id.* at 141. If the court finds an “actual conflict,” the inquiry ends and a court must conclude that federal law preempts the state or local law. *Id.*

If the court finds that there is no “actual conflict” between the state or local law and the federal law, then the court will look to Congress’ intent to preclude the state or local regulation at issue. *Pacific Gas and Electric Co. v. State Energy Resources Conservation and Development Commission*, 461 U.S. 190 (1983). Even where Congress has not entirely displaced [state or local laws and regulations] in a specific area, the laws and regulations can be preempted “to the extent that it *actually* conflicts with federal law.” *Id.* at 204.

A Federal court may determine that, because the ADA does not contain an explicit preemption provision, it must advance to the second tier of the preemption test to ascertain the intent of Congress. *Oconomowoc Residential Programs, Inc. v. City of Greenfield*, 23 F.Supp.2d 941

(1998). Congress intended for the ADA to preempt all conflicting local and state laws, identifying only three exceptions.¹ None of the exceptions would likely protect a City bill that limits a person's ability to receive 24-hour live-in PCA services, and, therefore, may directly conflict with *Olmstead*. The City law will likely be invalidated by a court because it will be federally preempted by the ADA.

III. The Potential Discriminatory Impact of NYC Bill Int. No. 175-2022

As many as 20,130 New York City resident-recipients of Medicaid benefits in 2018 were eligible for Live-in home health care/personal care aide (PCA) services. Distribution of Adjusted Enrollees (Member Years) by Hours Per Month of Home Care (2018), New York Legal Assistance Group. The proposed NYC law, NYC Bill Int. No. 175-2022, sets to cap the hours that home health aides, including PCAs, can work within a 24-hour period to one 12-hour shift. Int. 0175-2022. As drafted, the City law may effectively prohibit people's ability to be served with 24-hour live-in PCA services, as defined in New York State regulations. 18 NYCRR 505.14(a)(4). This may lead to a conflict with the ADA, contradict New York State regulations, and have a discriminatory impact on thousands of New York City residents with disabilities.

A City law that would prevent a person from working allotted hours within a state-recognized 24-hour shift may unnecessarily force people with disabilities who are approved by New York State and/or insurance companies managing Medicaid for this level of care into nursing homes or other institutions. Unnecessary institutionalization perpetuates assumptions that those individuals are "incapable or unworthy of participating in community life," and "confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment." *Id.* at 601.²

For those who need assistance throughout the day, and infrequently at night, as described in 18 NYCRR 505.14(a)(4), there may be no alternative to institutionalization unless they can also qualify and be approved for Continuous PCA services. Put simply, those who have limited

¹ Consistent with the national mandate eliminating discrimination against individuals with disabilities, Section 501(b) of the ADA provides that state laws which provide greater or equal protection to individuals with disabilities are not preempted. *See* 42 U.S.C. § 12201. Section 501(c)(1) and (2) provides that state insurance laws regarding classifying, administering, and underwriting risks are not preempted as to benefit plans under the ADA. And, Section 501(c)(3) "clarifies that self-insured plans, which are currently governed by the preemption provisions of the Employment Retirement Income Security Act (ERISA), are still governed by that preemption provision and are not subject to state insurance laws." H.Rep. No. 101-485(II), at 137 U.S.Code Cong. & Admin.News 1990, at 420. Given these explicit exceptions to preemption and the statement of Congressional purpose, the court concludes that Congress intended that the ADA preempt state law with which it conflicts. *Oconomowoc Residential Programs, Inc. v. City of Greenfield*, 23 F. Supp. 2d 941, 952 (E.D. Wis. 1998).

² Psychological research has consistently demonstrated that the expectations put on us by others can become self-fulfilling prophecies. E.g., Robert Rosenthal & Lenore F. Jacobson, Teacher Expectations for the Disadvantaged, 218 Scientific American 19, (1968); Margaret Shih, et al., Stereotype Susceptibility: Identity Salience and Shifts in Quantitative Performance, 10 Psychological Science 80, (1995). This research supports the very real problem that unnecessary institutionalization will lead to rapid decline of health and wellbeing.

medical needs at night might be forced out of the community and into an institution with constant overnight care if a law prevented 24-hour live-in PCAs to assist outside a 12 hour shift.

Another possible scenario would be people who otherwise qualify for 24-hour live-in care forgoing medically necessary PCA services to avoid entering an institution. For people who do not qualify for or are denied Continuous PCA services, they may choose to remain in their home without sufficient PCA care if their only other option is to be institutionalized in a nursing home. Many people will choose some semblance of independence over institutionalization, even if it is unsafe. A City law that limits the ability for people to be a part of society could put them at great risk for rapid decline. City laws that encourage deterioration in order to escape institutionalization conflict with the purpose and function of the ADA.

As explained above, while DRNY neither supports nor opposes NYC Bill Int. No. 175-2022 at this time, it is important to understand that the ADA will likely preempt its application. If you have any questions about the information shared in this letter, please contact me by email at Christina.asbee@drny.org.

Sincerely,

A handwritten signature in cursive script that reads "Christina Asbee".

Christina Asbee
Attorney and Program Director

August 25, 2022

To whom it may concern:

I Jose Rivera would like to testify that my two autistics brother's use the services of a home health aides via an agency. They each have two separate home health aides who assist them 7 days a week for 8 hours each. The services provided to my two brothers are very good and helpful for them as well as for myself. I am totally against this bill since the home health aide services as well as the agency help my two brothers will all their needs. Without this type of services my two brothers receive it would be very difficult for me as well as for my two brothers. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that they are currently receiving. This bill should not be passed since it will cut down the hours that the home health aides receive to come to my house an provide services for my two brothers. The home health aides should be receiving a better pay, their work hours should be raised, they should be getting paid for the number of hours they work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

From: Joseph Jung <jj.jung14@gmail.com>
Sent: Friday, September 9, 2022 10:21 AM
To: Testimony
Subject: [EXTERNAL] Written Testimony in Support of INTRO 0175

Good evening.

My name is Joseph Jung. I am a constituent of Council District 25, and I am here to testify in support of Intro 0175.

Over the past 2 years, I have met dozens if not hundreds of immigrant home care workers, many who have shared with me their experience of working 24-hour shifts.

These shifts have inflicted irreversible tolls on their bodies, their spirits, and on their relationships with their loved ones. These immigrant women, many of whom are in their 50s, 60s, and 70s, have been made to sacrifice their health and dignity to financially provide for families they hardly ever get to see.

More heartbreaking, is the fact that the brutality of these shifts is no secret.

Workers have filed hundreds, if not thousands, of wage and hour violation claims with the state government, protested state agencies, their employers, and even their own union, 1199SEIU, which included in workers' contracts a mandatory arbitration clause amidst all of the pressure they were applying.

Through organizing and demonstrating alongside workers, I've met over a dozen 1199SEIU members who have never even heard of the 24-hr shift and were shocked to hear that their own union was not fighting tooth and nail to end it immediately. Indeed, many feel blindsided.

Home care workers have been fighting for over 7 years. (You will find over a hundred of them in the audience today, and many will testify.) In this time period, many workers have suffered irreparable injuries. These workers lose sleep for days on end. I once spoke with a worker, who was trapped in their patient's home for nearly 2 weeks because the agency would not send a replacement worker.

Intro 0175 is the first legislative effort advanced by a government body to meaningfully tackle this issue.

I have multiple active health care professionals in my family. When they heard that workers were working 24 hr workdays, they were shocked beyond belief. 12 hours, they say, is already incredibly difficult. They are not scheduled to work beyond 12 hours a shift, 80 hours across 2 weeks, because it is dangerous to their health and to the patients they serve. If an upper bound of 12 hours makes sense for doctors and nurses, it makes sense for home care workers.

The 50 hour cap under a single agency is something that hundreds of workers have endorsed because it prevents agencies from coercing them to work unduly long hours.

Right now home attendants are working over 90 hours a week to receive 50 hours of pay because the state and the workers' union allow agencies to get away with fabricating time sheets and threatening workers from accurately reporting their hours.

Intro 0175 would force agencies and insurance agencies to actually comply with Medicaid regulations and court rulings which already obligate them to fully cover care for 24-hr patients, which entails splitting shifts when a live-in care provider cannot get 5 hrs of uninterrupted rest and 3 hours of meal time, which they cannot get, by design.

This is an exploitative system that is built upon the broken backs of immigrant women. It mustn't continue in its current form for one day longer.

The city council has an opportunity to protect and advance workers' rights. I urge you to stand by New York City's home care workers, to stand by immigrant women of color who deserve to be treated with dignity and respect.

Thank you.

September 6, 2022

New York City

Written Testimony Presented Before NYC Council Committee on Civil Service and Labor

I am writing in support of Councilmember Christopher Marte's legislation Intro 175 to end the 24-hour work shift. Home health aids need protections that ensure a fair working environment and establish a higher wage to ensure the best quality care for those in need. Every worker deserves fair and equitable treatment without being pitted against the very patients they care for.

A 24-hour shift does not seem to benefit anyone, home care worker and patients alike. Instead, this brutal demand puts the quality of care along with the health and lifestyle of the caregiver in jeopardy. 12-hour shifts would clearly allow for much better care and a healthier work environment. Along with the ongoing wage theft taking place in the industry, it is surprising that the Council has not already addressed this unjust treatment.

To think that even under these harsh working conditions, agencies are also violating state law by not providing workers with at least 5 hours of uninterrupted sleep or paying workers for the full 24-hour shift. This is simply an abuse of power that must be addressed at the City and State level.

If people in need can receive quality care from home care workers with reasonable hour shifts and wages elsewhere in the state of NY, it can happen here in NYC as well. I urge every City Councilmember to vote yes on Intro 175 and stand with all home care workers in their right to safe and just treatment.

Sincerely,



Joseph Reiver
joeaveryny@gmail.com

Kai Wen Yang, PhD
Postdoctoral Fellow
University of California, Davis
Member of Youth Against Sweatshop

Urban scholars talk about neoliberalism and urban struggles. The immigrant women workers' fight to end the 24-hour days in New York City is an excellent learning example for academics. Their experiences deserve attention, not as another object of study, but as a fighting example for those of us who have toiled long working hours.

I have been an adjunct college/university instructor for over a decade. I often had a heavy teaching load while having to work on unpaid projects. I work late into the evening and early morning regularly. Such working conditions in academia are not all different from the homecare industry, where immigrant women workers toil 24-hour days with only half the pay. The women workers' fight to end such sweatshop conditions is inspiring. I support New York City Council Member Christopher Marte's bill, the No More 24 Act.

To whom this may concern,

My name is Kaitlin Mui. I am writing to you today to voice my support for the demands of the thousands of home care workers who have been tirelessly advocating for the end of the 24-hour work shift. I have been a resident of New York City my entire life and my experience with home care workers is deeply personal.

For as long as I can remember, my late great-grandmother had a 24-hour home care assistant by her side aiding her during times my family could not.

The work of a home aid is not easy. It is tiresome and physically demanding work that is often carried out by elderly women. The home aids who assisted my grandmother over the span of a decade helped lift her out of bed, help her shower and use the bathroom, and hand-fed her when she was no longer mobile enough to do so herself. This is only a short number of tasks from a long list of laborious activities in which they performed for her. Their age, along with the length of these gruesome work shifts, has taken a substantial toll on their health and well-being both physically and mentally.

It deeply pains me that these home care workers who dedicate their blood, sweat, and tears to their patients are being repaid for their service with stolen wages and detrimental health problems.

By passing Int 75, you, the New York City Council, have the power to end this inhumane practice and help protect the well-being of current and future home care workers.

Thank you for your time and consideration.

Lai Yee Chan

My name is Lai Yee Chan. I have been working 24-hour workdays at Chinese-American Planning Council for 8 years, 3 to 5 consecutive days a week. I took care of a male patient in his eighties who had a stroke, hemiplegia, inability to speak, swallowing problems, and incontinence. Helping him roll over every 2 hours at night, I couldn't sleep at all. The 24-hour workdays made me fatigued, and even when I was resting at home, it was difficult to fall asleep: I often got up as soon as I heard any sound, thinking it was the patient calling me.

The patient's family also saw that I was working hard, so they filed an appeal with the insurance company. The insurance company sent someone to investigate, and finally changed our work to split shifts. Even if it was changed to 12 hours a day, 4 days in a row, or even only 2 days, I still felt tired, because it was difficult work, but at least it was better than before. After working 12-hour shifts, my mental health improved. The patient was originally unable to speak. Now I had more energy to talk to the patient, as a result the patient was slowly beginning to speak, and his family doctor praised me for the good care. In fact, split shifts protects the health of patients, improves the working conditions, and increases employment opportunities.

Although I no longer work 24 hour workdays, I don't want to see this inhumane working arrangement continue. So I support Intro 175 to end the 24-hour workdays and cap the weekly working hours at 50 hours.

我叫陈丽仪。在华策会做24小时工作日8年，一周要连续3至5天。我照顾一个八十几岁的中风男病人，半身不遂，说不了话，吞咽有问题，失禁。晚上每2小时帮他翻身一次，根本无法睡觉。24小时工作日把我搞到神经衰弱，甚至在家休息时也难以正常入睡，一听到声音就马上起身，以为是病人叫我。

病人的家属也看到我做工辛苦，就向保险公司提出申请上诉，保险公司派人调查，最后把我们的工作转为两班制。即使现在改成每天12小时，连续做4天，甚至只做2天，都还是很辛苦，因为这是很难做的工，但起码比以前好。两班制之后，我的精神有所好转。中风病人本来是不会说话的。现在我们有多些精力同病人交谈，病人慢慢也会讲到话了，他的家庭医生赞扬护理做的很好

。实际上两班制保障病人健康，也改善工人的工作环境，增加就业。

虽然我已经不做24小时工作日。但我不希望看到这种非人道的工作安排再继续下去。所以我支持175号法案废除24小时工作日，并把每星期工作时间上限设为50小时。

郑礼钦 - Li Qin Zheng

大家好！我是郑礼钦，我从2007年开始做护理，24小时护理做了有2年多了。长期长时间工作令到我的身体都做坏了，医生说我神经衰落，已经退休几年了，到现在还是每天晚上睡一两个小时就会跳起来以为还在上班，以为是病人在叫我没听到。

我记得我照顾过一对夫妇，每天晚上要帮病人一个一个洗澡、洗衣服，然后每一两个小时就要扶他们大小便，根本没得睡。除了24小时我还做过12小时护理，晚上8点做到早上8点，一上班就开始帮病人做饭、喂食、洗碗、拖地，病人很多痰，她一咳嗽，我就要拿个盒子去接痰。12个小时不停的做，我只做了两天就做不下去了，马上向公司反映12个小时不停的做受不了，公司说你拿了12个小时的钱就要做12个小时的工。

我说我都做病了，实在没办法再做，就辞工了。我今天来支持市议会的175号法案，废除24小时工作制并限制每周工作不能超过50小时。

English translation
on the back

吊故林氏

Hello, my name is Li Qinzhen. I started working as a home attendant in 2007, and have been working 24hr shifts for more than 2 years. The work damaged my health. My doctor told me I have neurasthenia. After retiring for a few years, I still wake up in the middle of the night, thinking I'm at work; the patient is calling me and I didn't hear.

I remember I worked for a couple. Every night I bathed them + washed their clothes. Every hour or two I had to get up and help them go to the toilet. I couldn't sleep at all. Other than 24 hour shifts, I also worked consecutive 12 hour shifts, 8pm to 8am, I cook, feed patients, do dishes, cleaning. The patient coughed a lot and I had to help her everytime she coughs. I did two days and couldn't work anymore. I told the agency that I can't work these consecutive shifts. Agency told me I had to do it. I said to them if I keep doing these shifts, it'll kill me. I really can't do it anymore. So I have to quit my job. Today I come here to support Int 175 to abolish 24hr work day and cap 50 hours per week.

Lily Randall Int. 175, Sept. 06, 2022

My name is Lily Randall, and I am a resident of Council District 1. I write in support of the No More 24 Act, Int. 175, as I believe that the right to safe working conditions, a humane workweek, and fair compensation should be afforded to all working people.

When I hear the testimonies of the exploitation of these home care workers, it puts into very real focus the impending need for my father to rely on the labor and generosity of home attendants in the near future. My father is a veteran, and suffers from a number of physical and psychological disabilities. He has recently begun to receive in-home health care assistance several times a week through the VA. While he does not yet receive around-the-clock care, it is likely that very soon, such circumstances will become necessary. Already he needs help with mobility, grooming, hygiene—tasks that require strength, stamina, alertness, and patience on the part of his caregivers. Once his health needs increase, the toll on the workers who care for him will increase as well. If I am to expect my father's health to be well looked after by his caregivers, how could I not also demand that those who provide care for him be treated with the same dignity and respect?

I strongly support the proposed 50-hour workweek cap because I believe that workers deserve fair working hours. The argument that putting a cap on the number of hours a worker can log would limit their overtime earning potential is incredibly misleading. The greatest obstacle to these workers' earning potential is, in fact, not paying them their earned wages. Home attendants would be earning exponentially more if their agencies paid them for all the care they provide to their clients outside of the 13/24 hours they are compensated for. If there are workers currently asking to be assigned in excess of the proposed 50-hour limit, it should be noted that as things stand now, in order to receive 50 hours' pay, workers would actually need to work close to 90 hours a week to make up for the 11 hours in unpaid labor for each 24-hour shift.

The World Health Organization concluded last year that working 55+ hours a week puts people at increased risk of death due to stroke and heart disease. How could we advocate for putting workers' lives at risk? With the split shifts and 50-hour weekly cap set forth by Int. 175, not only will workers be granted access to a much better work-life balance, they will be able to earn more per week without having to watch almost half of the hours of attentive service they provide to their clients go completely uncompensated. Who would choose to work 24 hour shifts for 13

hours' pay, if given the option for 12-hour split shifts? No one. The problem is, this option is not offered by agencies because they know that if given the option, workers would not choose to work 24 hour shifts. Those who refuse to work 24 hour shifts are simply not assigned work, so while they are not legally required to work such inhumane hours, the circumstances force them to take them on, or risk their livelihood. Agencies would rather take advantage of the unpaid labor provided over the course of a 24 hour shift than properly compensate 2 workers for 12 hour shifts that would provide them adequate rest, time to nourish their bodies, and time to spend with their families, all of which would in turn create energy exponentially more conducive to providing an elevated level of care to their clients.

I urge you to pass Int. 175 into law and set a precedent that shows working people in this city that not only are the labor and care they provide valuable, but so is the quality of life they experience when they go home at the end of the day.

The Intro 0175 Proposal

My Testimonial - Lisa Rivera

I am a 38-year-old mother living with a physical disability and two neurological conditions. I have relied on aide services for my daily living activities since the age of 15. I am fortunate enough to receive more than 50 hours of assistance on a weekly basis and currently have two aides who I truly trust and respect.

Home care aides play an essential role in our day-to-day lives. For many of us, aides provide a service that allows us to gain a sense of freedom and increase our independence. An aide-to-consumer bond is very significant and unlike a traditional work relationship. Every relationship is unique and varies depending on a consumer's personal needs and limitations. Oftentimes, these care workers assist us in our most vulnerable moments. That type of work is extremely intimate and requires a crucial level of confidence that cannot be found in just any individual. It takes time and comfortability to build these types of relationships. In fact, for many of us, our aide becomes a family member.

Intro 0175 will negatively impact my life and the lives of many other New Yorkers living with disabilities who rely on aides, including members of the elderly community. This proposed bill will jeopardize the livelihood of consumers, possibly pushing individuals into the care of nursing facilities. We will also be faced with the challenge of finding multiple aides who are dedicated and willing to balance out disproportionate work hours. Personally, I would be burdened with the task of searching for a third aide to act as a stand-in whenever my second aide is unable to work since my first aide would have exceeded the number of hours she would be allowed to provide care services. Additionally, with the severe shortage in aides that came with COVID and unfair pay, searching for additional aides to cover our primary aides during their time off will be difficult and unfair to the new hire aide to be on standby.

This proposed bill seems to only view one side of the spectrum. In my experience, many aides prefer to work more hours with one consumer versus shorter hours with multiple to make ends meet. Since I began receiving home care services more than half of my life, most of my aides have been with me for over six years.

Lastly, I urge the NY City Council to reconsider the proposed Intro 0175. I am on board with home care workers receiving stronger policies to protect against any discrimination towards aides whether it's from the consumers or home care agencies. Adding fair pay for home care would greatly improve the lives of these essential care workers. However, passing this bill to reduce and limit an aide to work a maximum of 50 hours a week would be an injustice to the disabled and elderly community who have fought so much to remain in the community and have the same opportunities.

New York City Council Committee on Civil Service and Labor Meeting September 6, 2022
Hearing on the Councilmember Marte's Bill to End the 24-Hour Workday

To: The Honorable City Councilmember Christopher Marte

From: Liz Pudel, Third-Year Law Student at CUNY School of Law and Student Member of the CUNY School of Law Labor Coalition for Worker's Rights and Economic Justice

Date: September 6, 2022

Dear Councilmember Marte,

I appreciate this opportunity to submit written testimony to the Committee on Civil Service and Labor. I wanted to thank you for introducing and championing this bill on behalf of all New Yorkers impacted by the unjust imposition of the 24-hour workday on home health care workers, many of whom offered heartbreaking testimony on September 6th to this Committee. It is crucial that this bill pass not only for the health, safety, and prosperity of all home health workers in New York City but also for the many New Yorkers they serve every day. After all, we as New Yorkers place tremendous trust—both with respect to our health and the health of our loved ones—in the hands of home health workers every day, and it is our obligation as benefactors of their hard work to stand in solidarity with them as they demand the working conditions they so rightfully deserve and so long have been denied.

I will not endeavor to recount to the same extent as the workers are able the [horrific conditions under which home health workers in New York City are expected to toil](#), as that is not my story to tell. I will speak from my personal experience as not only a law student seeking to pursue worker advocacy in their professional future but also as the child of immigrants who came to the United States seeking a better life only to find themselves caught in a well-packaged lie. The injustice we are here today to discuss, too, is the tale of a well-packaged lie.

The injustice the core of this bill seeks to remedy is two-fold: not only are employers currently **legally permitted** to mandate that their employees work physically and emotionally tormenting 24-hour shifts (a cruel and inexplicable injustice that we as workers in sectors other than home health work would recoil at the notion of), home health care agencies are also **legally permitted** to compensate workers for **only 13 of the 24 hours they are mandated to work**.¹ Under the fallacious notion that home health workers are only working 13 hours of their 24-hour shifts (after accounting for three hour-long meal breaks and eight hours of sleep), New York State has deluded itself into thinking that its legally-sanctioned wage theft is anything but.

But if one were to listen to the pleas of the home health workers who have been sounding this alarm for years, they would know that there are no hour-long lunch breaks, let alone three a day. There are no eight hours of sleep per night. There are no five contiguous hours of sleep per night.

¹ See *New York State Department of Labor Opinion Letter*, Maria L. Colavito, Counsel, DOL, Mar. 11, 2010 interpreting 12 NYCRR 142-2.1(b), the Miscellaneous Industries Minimum Wage Order, wherein in the NYSDOL opined that “live-in employees must be paid not less than for thirteen per twenty-four hour period provided that they are afforded at least eight hours of sleep and actually are afforded three hours for meals,” with at least five hours of contiguous sleep; see also *Andryeyeva v. New York Health Care, Inc.*, 33 N.Y.3d 152 (N.Y. 2019) (upholding the NYSDOL’s 13-hour rule alluded to above).

The nature of live-in work is that at any given moment both home health agencies and patients can and do call upon home health workers to care for our most vulnerable New Yorkers. In fact, [the concerns raised by patients in response to the limitation on hours workers sought to be imposed by this bill reinforces this point](#): elderly and disabled patients of New York rightfully acknowledge the necessity for around-the-clock assistance from home health care workers. But the remedy to patients' rightful complaints should lie not at the feet of individual home health workers—whose bodies and minds have long been collateral to New York State's inept home health system—but the State itself. The fact that there is an unfulfilled need can no longer be shouldered by the immigrant women of color whom the State of New York has long forced to shoulder its shortcomings.

So, the obvious next question is why the State of New York has allowed such an injustice to continue to be perpetuated against home health workers. The answer is unfortunately quite simple: the women performing this labor are immigrant women, predominantly immigrant women of color, to whom this country has time and again proven it feels it has no allegiance, no responsibility, no empathy. Time and again this country has shown immigrant women of color in particular a kind of unspeakable vitriol that cannot be captured by mere words. As the child of an immigrant mother, I know firsthand the physical toll immigrating to this country carries; with so-called economic opportunity comes the ultimate sacrifice of one's body to the whims of employers and their insatiable thirst for excess.

Behind the doors to the homes of New Yorkers is the kind of concealment employers see as an opportunity to relieve themselves of responsibility for the conditions under which immigrant women of color are expected to work. Behind the doors to the home of New Yorkers is the opportunity for employers to make a pretty penny while home health workers experience unspeakable suffering. The legacy that has plagued home health work for years in this State is one of racialized and gendered violence against those workers who already enjoy the fewest legal protections the State has to offer. For that reason, this bill is a fundamental first step to rectifying that legacy, to lifting the cloud that hangs over the threshold to vulnerable New Yorkers' homes, and to finally acknowledge what the home health workers of New York have been going through. For that reason, I wholeheartedly urge the New York City Council to adopt this measure, for the sake of all New Yorkers but especially for the immigrant women of color our city so profoundly relies on.

Respectfully,
Liz Pudel

I came to the United States 12 years ago and became a home attendant to make a living. I worked for 4 hours a day at first, but then 8 hours and 10 hours. It is a very tough job. The patient who I worked 10 hours for became very sick over the years, and from 2019 on, I started working for 24 hours for her for a long time. Very soon, my health collapsed. But the pay check came, and I saw that only 13 hours of every 24-hour work is paid.

My company told me to clock in with special codes every time I had to get up at night to work, in order to receive the entire 24-hour salary, and I did what they said to clock in night hours, but received nothing. My pay check still said 13 hours. I called the company again, and the counselor asked me, "how many times do you get up each night?" And I said, "What? How many times? My patient just doesn't sleep at night. So I also didn't get to sleep at all at night."

My patient had severe dementia, high blood pressure, heart disease and an implant. He used abusive language and behavior including using a knife and stick. At night, I had to help the patient with toileting needs 7 to 8 times. If I really want to sleep, I had to hide and peek from afar to see if the patient had his lights off before I could take some minutes of nap. If he spotted me peeking, he would keep his lights on, stay awake, and ask me to entertain him and keep his company. During the day, I had to eat super fast and simple for every meal because once he saw me eating, he would ask me to stop eating and entertain him. On average, I only had 1-2 minutes of meal break for each meal of the day. It's taken a huge toll on my health. 24-hour workdays are killing us women workers.

In June and July of 2020, my health was in such a bad shape that I couldn't toil 24-hour shifts for him anymore. The patient's daughter also noticed it and told me to take a rest. Now my fingers are deformed, I suffer from osteoporosis. My fingers can't hold heavy things. My doctor told me that I am too tired. Not any amount of money can get my health back.

The US is supposed to be a democratic and civilized country. Why does it also suck blood and sweat and discriminate against us women? Even the union 1199 betrays our workers, saying that our health and our life is not important.

Luz Gonzalez

Trabajé como cuidadora en el hogar de 2003 a 2019. Todos esos años, eran turnos de 24 horas, tres días a la semana.

Lo hice porque era lo que me ofrecían. Cuando vas a aplicar, te preguntan, "¿vas a poder trabajar turnos de 24 horas?" Si no dices "sí", no te dan una solicitud. Es mentira que hacemos turnos de 24 horas porque nos gusta. Lo hacemos por necesidad. Tuve que trabajar porque era un madre soltera con dos hijos. Sin embargo, no me gustó. Cuando dije: "No quiero casos de 24 horas", la agencia dijo, te llamaremos. Esperé cuatro semanas por su llamada, y finalmente tuve que tomar lo que me dieron para situaciones de emergencia, nada regular, nada permanente. Quería turnos de 8 o 10 horas. Cuantas más horas trabajas, menos dinero llevas a casa.

24 horas tampoco era bueno para los pacientes. La agencia nos decía: "Dígale al paciente que se acueste a las 9 porque no le van a pagar la noche". Pero tienes que cuidar a tu paciente. Durante tres años marqué que no podía dormir por la noche porque tenía que ayudar al paciente. Aún así, nunca recibí un centavo por la noche.

Cuando trabajaba en turnos de 24 horas, tenía que dejar solos a mis hijos y monitorearlos constantemente por teléfono: "¿Estás en casa?" Nunca tuve un Día de Acción de Gracias con mis hijos. "Feliz Año Nuevo" fue por teléfono.

Las 24 horas también me dieron insomnio y fobia social. Todo ese tiempo dentro de casa que no se puede salir, desarrollé este terror de salir a la calle. Me sentía nerviosa y extraña con la gente a mi alrededor en el tren y en los autobuses. A veces, si la gente hablaba a mi lado en el tren, sentía pánico.

Deshacernos del turno de 24 horas es mejor para nosotros y mejor para nuestros pacientes también. Estamos más descansados, relajados. Podemos tener más tiempo en casa y resolver nuestros problemas en lugar de estar encerrados todo el tiempo con nuestros problemas. ¡Pido al Gobierno de la Ciudad a aprobar la Int 175 para acabar con la jornada laboral de 24 horas!

Mahir Rahman

9/5/2022

Youth Against Sweatshops

District 1 City Council

Control of Time in The City That Never Sleeps

Good afternoon members of the New York City Council and to the general public near and far! My name is Mahir Rahman, local community member from District 1 of which my dear family friend, Councilman Christopher Marte now sits and represents amongst you. I'm born and raised in between Lower East Side and Chinatown, on Allen and Grand St., and that is where I still reside with my family, who immigrated from Bangladesh and came here twenty, thirty years to go to start a new life, economic opportunity. As I am sure the Councilman from the same district as me can relate, our neighbourhood is a different situation now and our communities of the Bangladeshi, Latino, and Chinese communities have shrunk from displacement and changes in our local area. I was a college student attending Baruch College, a little uptown for four years so far, the pandemic had a bad impact on me and my family, affected my third year studying and I hope to finish up soon, completing my major and going into next year. It was in that same year, in my third year in college, during the fall of 2020, when I first got involved with the workers centres in my local community, Chinese Staff and Workers Association(of which I have been a member of since April of this year). Through them, I came to know of the local campaign which since 2019 and still to the present day, the Ain't I A Woman Campaign centered around NMASS and CSWA, with hundreds of home attendant workers locally and in other boroughs beginning to stand up against what I heard for the first time in my entire time growing up in the city, "THE 24 HOUR WORKDAY!"

When I first heard of this, I couldn't believe it was even a thing in any job, the idea that someone, could be a mother, an aunt, a sister, or a woman I never personally knew who is working without breaks, 24 hours a day, days on end. My local colleagues and organizers within these circles helped me to get a little grasp of this never-heard of issue. But it really was in the rallies and marches, starting with the first rally in front of a mega-nonprofit I have heard of before and used to volunteer for back in my high school days, The Chinese American Planning Council or CPC. It was then that I personally reflected upon seeing the sea of elderly homecare attendants to younger and diverse homecare attendants, Chinese and Latina, and their patients with students and organizers all gathered, this gave me an inspiration to delve into why do I want this 24 Hour Workday to be abolished, going up against big nonprofit and big union, and politicians who are in their pockets? What's in it for me? Why should I bother, I'm not a woman nor a home attendant worker?

The answer lies in how every day when working men and women walk in professional Wall Street white collar code to those who work for the city, people who work for smaller

Mahir Rahman

9/5/2022

Youth Against Sweatshops

District 1 City Council

nonprofits such as myself(working with Henry Street Settlement since March of this year), even in the night time in a city that never sleeps, when in all of Chinatown, East Broadway, and Lower East Side, elderly Chinese men and women picking up heaps of bags of recyclables, immigrant massage parlour workers working 9 to 11 pm, and the so called “independent contractors”, Doordash drivers and Uber drivers working past night time. As a current employee of Henry Street and as someone who is currently fourth year student and plan to go into optometry field in medical field, 24 hour workday can go to affect anyone, longer hours and the culture of overworked spreading to every industry and workplace. It is a form of violence and modern day enslavement affecting immigrant women workers and cheapening their livelihoods.

Control of Time in The City That Never Sleeps

Good afternoon, members of the New York City Council and the general public near and far! My name is Mahir Rahman, and I am a local community member from District 1, where my dear family friend, Councilman Christopher Marte, now represents us. I was born and raised between the Lower East Side and Chinatown, on Allen and Grand Streets, which is where I still reside with my family, who immigrated from Bangladesh decades ago to start a new life of freedom and economic opportunity.

~~As I am sure the Council members can relate, our neighborhood is in a different situation now, and our communities of Bangladeshi, Latino, and Chinese have shrunk from displacement and changes in our area. I was a student attending Baruch College for four years so far, but the pandemic had a bad impact on me and my family, and I hope to finish up soon. In my third year in college, in fall 2020, I first got involved with the workers centers in my community, the Chinese Staff and Workers Association (of which I have been a member since April 2022). Through them, I came to know of the local campaign which began in 2019 and continues to the present day: The "Ain't I A Woman Campaign," centered around NMASS and CSWA, through which hundreds of home attendant workers locally and in other boroughs have begun to stand up against what I heard for the first time in my entire life, "THE 24- HOUR WORKDAY!"~~

When I first heard of this, I couldn't believe it was even a thing in any job, the idea that someone—a mother, an aunt, a sister, or a woman I never personally knew—is working without breaks, 24 hours a day, days on end. My local colleagues and organizers within these circles helped me to get a grasp of this issue. I got a greater grasp in the rallies and marches, starting with the first rally in front of a mega-nonprofit I used to volunteer for back in my high school days, the Chinese American Planning Council, or CPC. Seeing the diverse sea of homecare attendants, from the elderly to the younger, Chinese and Latina, and their patients, with students and organizers all gathered, I was struck by the absolute necessity to abolish the 24-Hour Workday, to go up against big nonprofits and big unions, and the politicians who are in their pockets.

Though I'm not a woman nor a home attendant, The "Ain't I A Woman" movement has opened my eyes to what happens at night in The City That Never Sleeps: In all of Chinatown, East Broadway, and the Lower East Side, elderly Chinese men and woman are picking up heaps of bags of recyclables, immigrant massage parlor workers are working from 9 am to 11 pm, and the so-called "independent contractors"—Doordash and Uber drivers—are working all the time. There is a culture of overwork spreading to every industry and workplace, but its most profound effect is on those who have little choice, including the home attendants. If you and I don't support them, *how will we sleep at night?*

Mega
Nonprofits
managed health care

Two opposing reasons
to NY 175,

- not effective enough for stopping wage
- local state
- back lash to homecare attendants

- by agencies themselves, organizing at state level
Violation of state law

Split shifts will lead to (overwork)
more workers, not shortage

To: New York City Council
From: Makini Chisolm-Straker, MD MPH
Re: No More 24 Act (Int. 175)

Background: Home healthcare workers (HHCWs), including home health aides and personal care workers, in New York are primarily women of color¹ and are subjected to 24-hour shifts via coercion.^{2,3} HHCWs here are illegally paid for 13 hours of work, despite documenting necessary 24-hour work,^{4,5,6} and licensed home care service and certified home health agencies continue to be reimbursed by Medicaid, constituting fraud on the part of agencies. The people that need 24-hour care are among our communities' most vulnerable, including those who are bedbound and those living with dementia; 24-hour shifts harm HHCWs, whose health suffers,^{7,8,9} and puts already vulnerable patients at further risk of increased morbidity and mortality.^{10,11,12,13} Community members that need 24-hour care should receive that care via, at most, 2 12-hour shifts per 24-hour period; this protects the health of HHCWs and promotes high-quality care of patient-clients.

Recommendation: Vote "yes" on the "No More 24" Act (Int. 175), and eliminate unsafe, racist, and sexist 24-hour HHCW shifts.

Anticipated stakeholder reactions:

- Unions claim that the bill would restrict workers ability to earn overtime pay and HHCWs are willing to compromise on a longer work week (to allow for more than 50 hours a week), but the very unions that should be protecting HHCWs (and indirectly, patient-clients) against dangerous 24-hour shifts are actively working against union members' stated and best interests.
- Some patient-clients and agencies may be concerned that there are not sufficient HHCWs to staff more shifts, but with a living wage increase in pay, more HHCWs can be attracted to this work. Presently, HHCWs are so poorly paid, most rely on public assistance, ironically including Medicaid.¹⁴ Moreover, 24-hour shifts dis-incentivizes home healthcare employment, so their elimination may also improve the numbers of those willing to do in-home patient care work.

¹ "Workforce Data Center," PHI, 2021, Accessed 5 May 2022. <https://phinational.org/policy-research/workforce-datacenter/>.

² Allen D. 16 January 2022. "Assembly member Ron Kim joins health aides' fight against 24-hour workday." The Village Sun. Accessed 22 April 2022. <https://thevillagesun.com/assemblymember-ron-kim-joins-health-aides-fight-against-24-hour-workday>

³ Ain't I a Woman. Fall 2019 Newsletter. Ain't I a Woman. 2019. Accessed March 4, 2022. <https://static1.squarespace.com/static/5c79891fc46f6d31b8a8a4c0/v5/da4cef1f8bca22404064a28/1571081972204/2019+Fall+Newsletter.pdf>

⁴ Lee DA. The Nonprofit War on Workers. Ron Kim NY. 2021. Accessed March 2, 2022. <https://ronkimnewyork.com/downloads/The-Nonprofit-War-on-Workers-pt1.pdf>

⁵ Sterling MR, Silva AF, Leung PBK, et al. "It's Like They Forget That the Word 'Health' Is in 'Home Health Aide'": Understanding the Perspectives of Home Care Workers Who Care for Adults With Heart Failure [published correction appears in J Am Heart Assoc. 2018 Dec 14;7(24):e002256]. *J Am Heart Assoc*. 2018;7(23):e010134. doi:10.1161/JAHA.118.010134

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- ⁶ NY Attorney General Office. Attorney General James and NYC Department of Consumer and Worker Protection Recover Up to \$18.8 Million in Unpaid Wages for 12,000 Home Health Aides. NY Attorney General Office. November 16, 2021. Accessed March 4, 2022. <https://ag.ny.gov/press-release/2021/attorney-general-james-and-nyc-department-consumer-and-worker-protection-recover>
- ⁷ Baron SL, Tsui EK, Quinn MM. Work as a Root Cause of Home Health Workers' Poor Health. *Am J Public Health*. 2022;112(1):9-11. doi:10.2105/AJPH.2021.306582
- ⁸ Sterling MR, Li J, Cho J, Ringel JB, Silver SR. Prevalence and Predictors of Home Health Care Workers' General, Physical, and Mental Health: Findings From the 2014–2018 Behavioral Risk Factor Surveillance System. *Am J Public Health*. 2021;111(12):2239-2250. doi:10.2105/AJPH.2021.306512
- ⁹ Fernandez-Mendoza J, He F, Vgontzas AN, Liao D, Bixler EO. Interplay of Objective Sleep Duration and Cardiovascular and Cerebrovascular Diseases on Cause-Specific Mortality. *J Am Heart Assoc*. 2019;8(20):e013043. doi:10.1161/JAHA.119.013043
- ¹⁰ Rogers AE, Hwang WT, Scott LD, Aiken LH, Dinges DF. The working hours of hospital staff nurses and patient safety. *Health Aff (Millwood)*. 2004;23(4):202–212.
- ¹¹ Trinkoff AM, Johantgen M, Storr CL, Gurses AP, Liang Y, Han K. Nurses' work schedule characteristics, nurse staffing, and patient mortality. *Nurs Res*. 2011;60(1):1–8.
- ¹² Stone PW, Mooney-Kane C, Larson EL, Horan T, Glance LG, Zwanziger J, et al. Nurse working conditions and patient safety outcomes. *Med Care*. 2007;45(6):571–578.
- ¹³ Scott LD, Rogers AE, Hwang WT, Zhang Y. Effects of critical care nurses' work hours on vigilance and patients' safety. *Am J Crit Care*. 2006;15(1):30–37.
- ¹⁴ PHI. Direct Care Workers in the United States: Key Facts. PHI National. 2020. Accessed March 4, 2022. <http://phinational.org/wp-content/uploads/2020/09/Direct-Care-Workers-in-the-United-States-2020-PHI.pdf>

From: M. L. <ml5350002@gmail.com>
Sent: Friday, September 9, 2022 3:52 PM
To: Testimony
Subject: [EXTERNAL] In support of int 175

This testimony is on behalf of my mother, a retired 1199SEIU registered nurse. She began her career in the health care industry as a home care worker. In the 1990's, when she began working as a care giver, she was assigned 12-hour night shifts. Working 24-hour shifts was unheard of at that time. The work was difficult and the hours were difficult. But she had no other options as this was the only job available to her given her limited skills and limited English and our family desperately needed the money.

I told my mother that immigrant women like herself were now being forced to work 24-hour shifts. This made her very angry and sad. It brought up memories of the difficult work. She kept saying, "but how could anyone rest working a 24-hour shift in a stranger's home?" She said there would have been no way for her to have worked 24-hour shifts and attend community college to continue her studies so that she could eventually become a registered nurse. She knows too well how lucky she is to have found a path towards financial security for our family through hard work. But she said hard work can only get you so far when you are up against inhumane conditions. The 24-hour work day would have stolen her time and health in ways that would have made it impossible for her to work towards her goal of becoming a registered nurse. My family was saved by the opportunity home care work provided and therefore cannot sit by and watch that opportunity be stolen from others and worse to see this job steal the health and lives of these essential workers.

We support the No More 24' Act so that immigrant women can work to support their families and build their lives without being killed slowly by the inhumane 24-hour work day.

Margaret Lee

Sent from thingy

August 26, 2022

To whom it may concern:

I Maria Ortiz would like to testify that I provide the home health aide services via an agency to the client, I have 2 different cases and at times 3 different cases. I assist the client with home health aide services for 5 days a week for 8 hours. The services I provided to the client are very good and helpful for the client since the suffers from a disability. I am totally against this bill since the home health aide services as well as the agency help me by providing me with a steady job and at the same time I attend to the needs of the client. Without the type of services, I provide to the client are good and necessary since it is very difficult for the client to do the daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that are currently been received. This bill should not be passed since it will cut down the hours that the home health aides receive and provide tot the client for the needed an required services. The home health aides should be receiving a better pay, the work is hard the hours should be raised, should be getting paid for the number of hours work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

Mary Somoza,
Eleventh Avenue
New York, NY 10019
somozamary@aol.com,
www.marysomoza.com,

Tuesday, September 6th, 2022

Testimony on Intro

My name is Mary Somoza and I am the mother of Alba and Anastasia Somoza present here today. My twin daughters have cerebral palsy and are both quadriplegic wheelchair users. They receive home care services through the CDPAP program 24/7.

It is my understanding that while Council member Marte has introduced this legislation with underlying good intentions for home care workers, he has not taken into consideration the population our personal care assistants work for, people with significant disabilities and the elderly who depend on this care.

Putting caps on the hours our aides work will make life extremely onerous for my daughters and others like her. Under the CDPAP program, we recruit, screen, interview, hire, train and supervise our aides, and when necessary fire them. More often the not, aides work for a time and often are actively looking for a higher paying job. Sometimes they leave with two week's notice, sometimes with no notice at all. In the present-day environment, finding help is extremely challenging due to low wages, and the increase in people needing home care assistance. This is a nationwide problem. Oftentimes, aides ask for as many hours as possible due to high living expenses in New York City.

For us, we fill in the hours allotted to us as best we can to cover my daughters' extensive needs. Capping our allotted hours and imposing a maximum number of days they can work a 12-hour shift, would force us to recruit more people. Recruiting already is almost a full-time job, finding back up when an aide is sick or on vacation is also a struggle. We families have long lobbied for higher wages for our aides, but government does not always satisfy those needs. The people who will suffer most from this misguided legislation are also the most vulnerable, many of them too fragile to be here today.

For parents of children/young adults with disabilities, it is a womb to tomb struggle to get services and keep them. This is why we do not support this legislation.

August 26, 2022

To whom it may concern:

I Melinda Colon would like to testify that I receive the services of a home health aides via an agency. The home health aide assists me 5 days a week for 8 hours. The services provided to me are very good and helpful for me since I suffer from a disability. I am totally against this bill since the home health aide services as well as the agency help me with all my needs. Without the type of services, I receive it would be very difficult for me to do my daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that they are currently receiving. This bill should not be passed since it will cut down the hours that the home health aides receive to come to my house and provide services for me. The home health aides should be receiving a better pay, their work hours should be raised, they should be getting paid for the number of hours they work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

24-Hour Shifts Shouldn't Exist, for Anyone

Thank you for this opportunity to speak on a topic that is personal to me.

My name is Miriam Bensman. I live in central Queens. My mom died 7 years ago, just shy of her 90th birthday, after a long and active retirement that was followed by two years of severe physical and mental impairment from a stroke.

My mom was lucky: She was able to continue living at home after her stroke, thanks to wonderful home care. Joan and Veronica took turns feeding, dressing and bathing her. They helped her with physical and language-recovery exercises, cooked for her and cleaned her apartment. They did all the things that my brother, sister and I couldn't do, because we had jobs and lived 10-20 miles away with our families. I will forever be grateful to them for the loving care they provided.

So, I understand the need for 24-hour care, and the skill and patience needed to do the work well. But I don't understand the conditions these workers labor under.

The stories we've heard today from home care attendants enrage me. NO ONE should be required to work 24-hour shifts without getting three breaks a day of one hour each to eat and rest, or eight hours of sleep time, including five hours without interruption. Especially since those women are only paid for 13 hour of work, not 20 to 24.

My family visited mom often in her last two years and took her to the doctor and on outings. Wwe loved her and we wanted to give Joan and Veronica time off. In retrospect, we didn't do enough to relieve them—and they were lucky that mom didn't wake often in the night and napped a lot.

I don't know how many home care attendants work 24 hour shifts or how many of those are subjected to wage theft and abuse. The answer should be zero.

How are 24-hour shifts even a thing? Farm work and domestic work were exempted from the National Labor Relations Act because Representatives of southern states wouldn't pass a bill that would empower black workers. But no other state allows 24-hour home care. And even in New York State, which allows them, 24-hour shifts are almost only a New York City thing. The abundance of poor women, most of them black and/or immigrants, who can't get other jobs, makes .

New York State should put an end to such abuse. The state legislature has a bill that would raise wages for home care workers, and another that would limit home care shifts to 12 hours a day and 50 hours a week. The state should pass those bills, fund higher Medicaid pay rates for homecare workers, and enforce the wage and the hours laws. It's the right thing to do and the

smart thing: It would attract more people to this difficult and isolating job. There aren't enough workers available now—and we'll need more, as the number of frail elderly increases. But the state legislature has failed to pass those bills year after year. So it's up to New York City to ban 24 hour shifts and stop wage theft. The City acted to protect retail and delivery workers when the state didn't. It should act to protect home care workers, too.

李秦 - Qin Li

我叫李秦，2016年开始做护理员，24小时工作日做了3年，每周三天，等于连续做工72小时。我照顾的病人是一对夫妇。白天要无时无刻盯着病人，防止他们摔倒，精神要高度紧张。晚上我每两个小时要为病人翻身，换尿片，扶他们上厕所，根本没有连续5小时的睡眠。我现在患上了失眠，要吃安眠药才能睡。我们做24小时的护理，多数都已经变成病人。

24小时工作日对我家庭造成了极大影响。我因为做24小时的工作，无法参加孩子的学校活动，无法正常参加家庭活动日。对于家人而言，我是缺失的，就像个陌生人一样。你能想象这是多么痛苦吗？而且24小时工作日只给13小时，这是不合理，违法的。

24小时
工资
工会主席不知道护理员的工作细节。护理员真的付出
请市议会马上通过175号法案，废除24小时工作日，还我家真实
庭幸福，让护理员身心健康。

My name is Li Qin. I started working as a home attendant in 2016. I have been working 24hrs a day for 3 years, three days a week, which is the equivalent of 72 hours of continuous work. The patients I take care of are a couple. I have to watch the patients all the time ^{during the day} to stop them from falling and it's highly stressful. Every two hours at night, I turn the patients over, change diapers, and help them go to the toilet, and I don't get 5hrs of sleep at all. I am suffering from insomnia now and I need sleeping pills to sleep. We who work 24hr are become patients.

辛苦的工作。

24hr workday caused a lot of harm to my family. Because of round the clock work, I couldn't attend my kids after school program, couldn't go to parents day. To my family, I am a missing person. I feel like a stranger to them. Can you imagine how painful it is? Additionally, I am only getting paid for 13 hours. That's outrageous. How can this be legal? HQ has no idea how much pain we are in. We work with sweat and blood. I call on the Council to pass Int. 175 + abolish 24 work days. So that home attendants can have a normal family life and sound mental and physical health.

I have grave concerns about Bill 0175. This bill would destroy the lives of the people that BILS serves. We must ensure every American has life, liberty, and the pursuit of happiness. Still, unfortunately, we are having a hearing on Bill 0175. They want to put more people with disabilities in nursing homes. My future book highlights the dangers of institutionalization.

People from different sectors are trying to put food on the table, pay rent, and be a member of society. All I have to say is, shame on the City Council for making people have to get an additional job in health care when they want to help those serving in the healthcare realm. This country was built on freedom! So why should the government tell healthcare workers how many hours they can work?

At the start of the New York pandemic, the governor's policies murdered many members of the New York community, but you don't even care! In fact, our lovely mayor is besties with the governor and was just seen out for dinner with him just a few months ago. So please stop getting political advice from former Governor Cuomo and oppose Bill 0175!

Raquel Bernstein

Intro 1075 – Testimony

I Rikiya Bryant, I am a home attendant. I am emailing about cutting hour for homecare service. The agency I work for is called The Royal Care FI LLC. I disagree with cutting the hour, because the client I work for need our services that we provide. We assist in all the client necessities. Client has diabetes and high blood pressure, problems with client knees and hands. Client depends on me to eat as well as bathe and dress because client just had surgery on client hand, so I also clean the house and do her laundry. I take her on daily walks to help client with client physical therapy. I go with client to doctor appointments and the supermarket. I help client make appointments via phone call. Easier communicate with client because Some clients are Deaf and Hard of Hearing.

August 25, 2022

To whom it may concern:

I Robert Stingfield would like to testify that I provide the home health aide services via an agency to the client. I assist the client with home health aide services for 5 days a week for 8 hours. The services I provided to the client are very good and helpful for the client since the suffers from a disability. I am totally against this bill since the home health aide services as well as the agency help me by providing me with a steady job and at the same time I attend to the needs of the client. Without the type of services, I provide to the client are good and necessary since it is very difficult for the client to do the daily activities. In my opinion I think all home health aides should be receiving better pay and better benefit than the ones that are currently been received. This bill should not be passed since it will cut down the hours that the home health aides receive and provide tot the client for the needed an required services. The home health aides should be receiving a better pay, the work is hard the hours should be raised, should be getting paid for the number of hours work, they should be offered more overtime. The 24 hours shift should be given more often to home health aides and to clients that do need this service. I would like to say once again that I totally disagree with this bill being passed or approved.

许瑞青 - Rui Qing Xu

大家好！我叫许瑞青，我做了几年24小时护理，我照顾的是一名弱智的病人，通常是每周连续两天24小时，晚上要起来帮病人大小便7或8次。晚上根本没得睡，非常辛苦。

我们护理工人是人，不是机器。怎么可以24小时上班。我支持市议会的175号法案，废除24小时工作制，限制护理公司不能要护理员每周工作超过50小时。赚再多钱都换不来我们的健康，我们也需要时间休息，需要时间陪伴家人。

Hello everyone! My name is Xu Ruiqing. I have been a home attendant working 24 hour shifts for a few years. I take care of a mentally handicapped patient. Usually, I have to be awake 24 hours a day, two days a week, to help the patient with bowel movements 7 or 8 times during the night. I don't sleep all night, it's very hard. We home attendants are people, not machines. How can I work 24 hours a day? I support Council bill 175 which ends 24 hour workdays and restricts home care agencies from requiring caregivers to ~~work~~ work more than 50 hrs a week. No amount of money can buy our health, we also need time to rest and spend time with our family.

August 29, 2022

I Ruth Reynoso, disagree with the 0175 Bill as I am a home health aide employee for people with disabilities. By Decreasing the hours of the home health aide services will affects me very much as this is my source of income for me and my family. As a caretaker this decrease in service hours will affect my income tremendously making it very hard for me to support myself as well as the patients that I care for as they depend on the home health aide to assist them with their daily living. For example, with food shopping/ medical appointments/ cleaning/ cooking and doing the laundry.

Sincerely

Ruth Reynoso

My name is Shannon Nelson. I am 51 years old. I've been paralyzed from the chest down half my life.

I was sent to a nursing home, against my will, in my native Maine back in 2012. I was only 41 years old. I chose hope over despair and literally escaped, with help from friends, with nothing but a couple of boxes of belongings and arrived in New York hoping for better living conditions. I am endlessly grateful to this great city for welcoming me.

I am quadriplegic: paralyzed from the chest down. I cannot do anything for myself, not even scratch an itch on my forehead, let alone get a drink of water or feed myself. I am currently with an agency that provides me with live-in caregivers.

Considering the severity of my disability, I was initially approved for split shifts: two 12-hour shifts for full coverage. Unfortunately, I became very ill last November and had to be hospitalized.

Due to a combination of bureaucracy and a severe lack of home health aides, I couldn't be safely discharged and was therefore unable to go home. I ended up bouncing from hospitals to nursing homes for several months. I was nearly killed from sheer neglect at one of the nursing homes I was sent to. I was forced to call 911 in order to save my own life. This long ordeal is fully documented with medical records.

Over the years since my accident, I've experienced being on the cutting board so often, it's exhausting. Yet here we are again. Intro 0175 is well-intentioned; however, its unintended consequences would be catastrophic for the disabled community.

Not only do I understand, but I also share the concern for home healthcare workers' well-being behind this bill. However, the "solution" offered within it is actually cruel and absurd. What these workers need is to earn living wages in order not to see themselves forced to work over 50 hours per week. I'm confident that if you ask them if they want to be away from their families for such long periods of time, most, if not all, will say no. But what option do they have when that's the only way they can keep up with bills and living expenses in one of the most expensive cities on the planet?

If passed, this misguided bill will NOT protect home healthcare workers, it will only force them to find additional work elsewhere in order to get enough hours to be able to put food on the table and keep a roof over their heads. Not to mention the consequences the disabled community will have to pay for it. Many of us will no longer be able to live independently and will be forced into institutionalization.

Passing this bill rather than working toward paying home healthcare workers living wages is nonsensical, insensitive and profoundly misguided. It will solve nothing and the most severe consequences will be paid by this city's most vulnerable inhabitants.

It is disheartening to know that city council members who have met with disability rights activists are still sponsoring this bill. I wholeheartedly hope that you put yourselves in our shoes

and try to understand the feelings of utter hopelessness we experience due to having to spend our entire lives begging to keep the programs that literally keep us alive. Trust me, it's exhausting beyond words. It's also dehumanizing.

The greatness of a nation should be judged by the way its most vulnerable citizens are treated.

Respectfully,

Shannon Nelson

DATE/NO.

TITLE

Shao Ning Meng Testimony

Hi everyone! My name is Shao Ning Meng. I have been a home attendant since 2007. ~~Now~~ Since 2014, I have worked 24 hours. Usually I work 24 hours a day, 3 days in a row. In 2018, I took care of a critically ill patient, helping her get up 6 or 7 times a night, help her change diapers, and help her go to the toilet to defecate. No sleep at all.

I told the homecare agency that I wasn't able to work without sleep. The agency has been procrastinating, telling me to keep doing 24 hrs, keep doing it. But 24 hours shifts are not human at all. It must be abolished. I'm here today to support the City Council Bill 175 to Repeal the 24 hour work day.

-translated

**Testimony of Sharifa Abu-Hamda, member of the Civics League for Disability Rights and
Independence Care System
New York City Council
Intro 0175-2022 - Maximum working hours for home care aides
New York City
September 6, 2022**

Introduction

Members of the City Council,

Thank you for the opportunity to write about my concerns regarding Intro 0175-2022 - Maximum working hours for home care aides.

I appreciate the chance to address issues with the bill, which will adversely affect people with disabilities who benefit from live-in services in their communities.

I am president of the Civics League for Disability Rights, a group of New Yorkers with disabilities and their supporters. We are dedicated to advocating for the constitutionally guaranteed right of people with disabilities to live independently in our communities. We strive to educate our community, assist New Yorkers with disabilities in being effective advocates, and amplify their voices to secure the services and supports we need to live our lives.

Addressing working hours for home care aides

While well-intentioned, Intro 0175-2022 is flawed, and will negatively impact people with disabilities. While it is intended to be an adjustment in the labor law, protecting workers from working without pay, this would change laws for live-in services that would negatively and significantly impact people with disabilities. We estimate that the change would affect roughly 100 of our members, who would lose access to live-in homecare and be forced into nursing homes.

The bill would penalize agencies whose workers provide in excess of 12 hours of care per day, or 50 hours weekly, while doing nothing to address the underlying system. State law creates eligibility for this level of care, and managed care plans and HRA must authorize these services when an individual qualifies for them. If they refuse, a Medicaid recipient can – and will – file for a fair hearing and be awarded the services.

The bill will fine homecare agencies \$500 per day for any instance where they send an aide to work over 12 hours and fine any agency \$500 per day for aides working over 50 hours per week. This is a problem because state and local agencies using Medicaid's guidelines set home care hours, not the agencies.

Essentially, under the bill, agencies will be penalized for providing care to seniors, seniors, and people with disabilities who are authorized to receive them. If agencies decide they cannot afford the fines, then that puts people with disabilities in a bind, unable to receive the quality care they deserve. Instead,

they will have to be subjected to a truly worst case scenario —transitioning into a nursing home where they will experience a loss of their autonomy and find themselves at the mercy of care providers who often will not handle their care the way they wish.

For those who need homecare services, ongoing care will cease. People who rely on those services will lose their workers, especially with the 50 hour limit. Aides would have to work through multiple agencies to deliver the same hours of care, but consumers can only work with one agency. Aides providing essential services to one of our state's most vulnerable populations should not have their weekly hours capped. People with disabilities depend on these services now more than ever. Home Care Aides help make it possible for people with disabilities to live healthy, independent lives in their communities. Our aides need to receive fair, livable wages and they need to retain the flexibility to work more hours to support themselves financially.

I strongly encourage you to rethink this legislation, and to establish a coordinated policy between the city and the New York State Medicaid policy to increase funding so homecare workers can receive adequate, livable wages while consumers are able to benefit from the hours they need. These Medicaid-related issues must be resolved.

Thank you.

Sharifa Abu-Hamda
sharifaabuhamda@gmail.com

阮淑珍 - Shu Zhen Ruan

大家好！我是阮淑珍。2010年已经开始做护理员，从一开始都是做24小时。于2018年我的手摔上了。24小时简直不是人干的。睡不好，吃不好，长期做24小时令到我精神很不好。我到现在还在做24小时。公司要我做24小时，还说你要是不做，就只派替工的工作给你，只有几个小时。我担心没工作就只好继续做。

目前我照顾的病人有160磅，起不了床，经常要抱上，抱下，每夜要起来6次左右，非常辛苦。所以今天我来支持市议会的175号法案废除24小时工作日，要分成两班制。我们护理员也是人，不是机器，需要休息需要见家人！谢谢！

HELLO EVERYONE! MY NAME IS RUAN SHUZHEN. IN 2010, I STARTED WORKING AS A HOME ATTENDANT, AND HAVE BEEN WORKING 24 HOURS SINCE THEN. IN 2018 I SLIPPED AND HURT MY HAND. WORKING 24 HRS IS SIMPLY NOT HUMAN. I DON'T SLEEP WELL, EAT WELL, AND DOING 24 HOUR SHIFTS FOR SUCH A LONG TIME MAKES ME FEEL VERY BAD. I AM STILL WORKING 24 HOUR SHIFTS. THE HOMECARE AGENCY ASKED ME TO WORK 24 HOUR SHIFTS, AND SAID IF I DON'T DO IT, THEY WOULD ONLY ASSIGN ME A FEW HOURS. I WAS SCARED TO LOSE MY JOB, SO I HAD TO KEEP DOING IT. NOW, THE PATIENT I CARE FOR WEIGHS 160 LBS AND CAN'T GET OUT OF BED. I OFTEN HAVE TO CARRY THEM. I HAVE TO GET UP 6 TIMES A NIGHT, WHICH IS HARD. SO TODAY I'M HERE TO SUPPORT INT 175 TO REPEAL THE 24 HR WORKDAY + SPLIT INTO 2 SHIFTS. US HOME ATTENDANTS ARE ALSO HUMAN, NOT MACHINES. WE NEED TO ~~BE~~ REST AND SEE OUR FAMILY! THANK YOU!

8/24/2022

Re: NYC Dept of Education Alleges a 1998 Timekeeping Error /Debt Owed

Dear Committee Members:

I want to advise you of a matter which impacts all civil employees seeking to retire. Due to a New York City Board of Education timekeeping error, I was informed this year (three years post retirement) that I allegedly owe the DOE almost \$29,000.00

Background

I retired from the Board of Education (aka DOE) in 2019 after twenty years of service (1998 to 2019). I started as a Deputy Director (title Agency Attorney (1998 to 2003)) and was promoted to manager in 2003. At the time of my hiring, I was told that my status was that of a confidential employee (original jurisdiction) and entitled to 20 days annually (See DOE Rules for administrative employees <https://infohub.nyced.org/docs/default-source/default-document-library/rules-and-regulations-for-administrative-employees.pdf?footnote>, footnote page 7).

When I retired, the DOE waivered back and forth about my title/status. Now in my third year of retirement, the DOE formally stated that my time was incorrectly entered into the computer system, and I should have been accruing time annually at a lower rate - 15 days in lieu of 20 days.

The time deficit was calculated pursuant to an manual administrative audit and one that I do not know how many people have experienced post retirement. At the time of my retirement, I had 8 days of unpaid vacation time and 5 days of unpaid sick time in the computerized timekeeping system (aka final entitlement). I expected to receive a check as my pay for my final entitlement and not a bill!

I object to the process and the calculations. Contrary to the current administration's assertion, my raises during the period of 1998 to 2003 were calculated (i.e., pursuant to a Managerial Pay Plan and not collective bargaining agreement). This is constant with being an OJ employee and not either unrepresented (DOE's 2021 position) or member of 237 Teamsters (DOE's 2000 position).

No retiree wants to know about debt when they are expecting a check. Also, as you are aware, I if I was still a DOE employee, my manager could make a request to DOE's HR for a title determination. As an ex-employee I have no one in the agency to advocate on my behalf, as it usually initiated by the employee's manager.

Additional Information to Support My Claim of Being an OJ

In 2001, my then Executive Director (Beth Knipfing) and HR Director (Shelia Alexander) both confirmed my status as an original jurisdiction employee and details of having such a title. Also, the same year I was hired, the DOE in defending a union representation claim by Teamsters local 237 argued that all Agency Attorneys were confidential/original jurisdiction employees (See 31 PERB ¶ 4007, 31 Off. Dec. of N. Y. Pub. Employee Rel. Bd. ¶ 4007, 1998 WL 35396657, footnote 19). My status as an OJ employee is easily determined by how my raises during the period of 1998 to 2003 were calculated (i.e., pursuant to a Managerial Pay Plan and not collective bargaining agreement).

So much comes to mind, as to the unfairness of the DOE's claim. Also, the unfairness of the timing and hence depriving me of the ability to cure the deficiency. For, example if there was a pre-retirement audit of my time, **I could have postponed my retirement.** Or asked for credit for the days in which I worked overtime.

Also, the payback amount is without any justification. The errored amount is almost half my of annual pension. As I worked in financial operations, I am familiar with the format of the payback used for situations in which vendors have been overpaid or where parents are charged for tuition as non-residents. The payment is based on the presumption of undue enrichment which is why it is so steep (akin to a penalty for wrongdoing) Here, I have no knowledge of the error and the amount request per month (even with special circumstances) is a financial burden.

Additionally, this issue only came up because I wanted to be compensated for my unpaid time (8 vacation days and 5 days sick), otherwise there would have been no audit. Per the NYC Comptroller, the NYC DOE timekeeping system has NEVER been audited. As, the DOE is a agency with over 100,000 employees – my timekeeping error (if true) cannot be the only one.

However, I do not believe there is an error. My unit did the procurement for the timekeeping system and as such I am fully aware that the DOE had to have its timekeeping system approved by the NYC Comptroller and had to attest that its underlying policies were accurate otherwise the NYC Comptroller would not have approved the timekeeping contract. As an aside, in 2001 I was not only a participant in the 600-employee pilot program during first phase of the timekeeping system's testing, but my division was also the administrator of the program. Public hearings on this issue are I needed to determine how many retirees are victims of the DOE's or any other agency's timekeeping inaccuracies.

Ignoring Taylor Law

Another error in the DOE's logic is that I was a non-OJ "unrepresented" employee. The DOE in 2022 unlike the DOE in 2001, wrongfully asserts being an Agency Attorney (sub- managerial) and an OJ/confidential employee is a conflict. This assertion is false. The nature of my work over the 5 year period included preparing/administration/registration of thousands of agreements/contracts, doing cost analysis to compare union rates and subcontractor charges, as well as managing the calendar for/attending meetings at the Board of Review of Contracts and as an authorized signer of DOE's checks in case of emergencies (designated by the then Executive Director of Financial Operations (Lou Benevento)). Many of the forementioned duties required that I know details of union matters and other confidential information. I reported to and/or performed work for Alan Friedman (a manager). As stated above, the work performed work was in line with being a confidential/OJ employee. (See <https://perb.ny.gov/taylor-law/> section 201 (paragraph 7(a)).

Legislation which would make mandatory a pre-retirement review of all timekeeping records for all civil servant employees

My records were thoroughly reviewed during the 20 years of employment with the DOE. At no point of my service to the City of New York, was I ever told of a timekeeping error. My records must have been reviewed on numerous occasions because my record included three FMLAs as well as numerous promotions.

Likewise, during my 20 years of services, I reported to 14 managers at various levels including a Deputy Chancellor, DOE Comptroller and numerous Executive Directors and Deputy Executive Directors. All my past managers relied on, as I did, that my timekeeping records were accurate and correct.

Also, a system's data is not entered without multiple checks and not based on a person but by title or code. A data table would have to be generated and time entered in the system based on the employee's correct information, etc. As such, the fact that I might have been entered into the system as an OJ employee was not an error but based on my title/duties, etc. I was hired as a Deputy Director reporting to a manager (Chief Administrator) as such fits the classic definition of an OJ employee and consistent with the Taylor Law.

I want to advocate that I am an example as to why it is imperative that all timekeeping issues must be cleared up pre-retirement. Arguing in the alternative - If the DOE is correct and I am wrong, I still submit that no retiree should face such a financial hurdle post retirement and be unable to take the ultimate option – not to retire. There needs to be legislation which would make mandatory pre-retirement review of all timekeeping records for all civil servant employees.

My outreach

I am 60 years old and as an attorney I know that fighting the City of New York can take decades. As diabetic and we are still fighting a pandemic it is unlikely I would outlive protracted litigation. To defend myself, I must retrain a labor law attorney since I am unrepresented, I have no retirement union to assist me. To pay for the attorney, I must work. Thank God, I have profession which can provide the income to fight New York City.

Please note that for the past three years most of my outreach has been unsuccessful – including but not limited to outreach to elected officials (Comptroller, Mayor, Speaker City Council, Speaker NY Senate, Congressman Bowman,) as well as the current and past Chancellors, and officials with Managerial Management Association, Teamsters 237, Commissioner of Department of Citywide Administrative Services and DCAS General Counsel. I want to add two offices have been helpful and these offices are Office of the New York City Public Advocate and that of New York City Councilman Eric Dinowitz.

In closing, no employee should have to fight to correct nor pay for a mistake. Retirement from a governmental agency is because you have been of service to your fellow citizens. It should be as painless as possible. If you need to speak with me, please feel free to contact me at the number listed below or by email at stacey_simon@msn.com.

Stacey Simon Reeves, Esq.
Fairfield Avenue
Bronx NY 10463

Attachments:

- Email exchange between HR (Sheila Alexander) Executive Director in Charge of Timekeeping (Beth Knipfing) and Chief Administrator of my division and my boss (Alan Freidman)
- Chronology
- System Generate Timekeeping Records (DOE uses Cybershift and not Citytime)

Gordon Harvey

From: Friedman Alan
Sent: Friday, June 22, 2001 4:32 PM
To: Knipfing Beth; Alexander Sheila; Codd William; Gordon Harvey; Kasper Mitchell; Reeves Stacey (TAO User)
Cc: Mencher Penny
Subject: RE: Agency Attorney Union Dues Refund

I agree that usually that is the case but not sure in all circumstances can that be confirmed with dhr

Sent from my BlackBerry Wireless Handheld (www.BlackBerry.net)

-----Original Message-----

From: Knipfing Beth <BKnipfi@nycboe.net>
To: Friedman Alan <AFriedm@nycboe.net>; Alexander Sheila <SAlexan@nycboe.net>; Codd William <WCodd@nycboe.net>; Gordon Harvey <HGordon@nycboe.net>; Kasper Mitchell <MKasper@nycboe.net>; Reeves Stacey (TAO User) <Stacey.Reeves@nycboe.nycenet.edu>
Sent: Fri Jun 22 16:11:54 2001
Subject: RE: Agency Attorney Union Dues Refund

Since the attorneys at the Board are all OJs they are tied to when the City and the Board approves raises for the OJs. Like the Ed Analysts, etc.

-----Original Message-----

From: Friedman Alan
Sent: Friday, June 22, 2001 3:57 PM
To: Alexander Sheila; Codd William; Gordon Harvey; Kasper Mitchell; Reeves Stacey (TAO User)
Cc: Knipfing Beth
Subject: Re: Agency Attorney Union Dues Refund

Are contractual salary increases tied to managerial increases or teamster negotiated increases??

Sent from my BlackBerry Wireless Handheld (www.BlackBerry.net)

-----Original Message-----

From: Alexander Sheila <SAlexan@nycboe.net>
To: Codd William <WCodd@nycboe.net>; Gordon Harvey <HGordon@nycboe.net>; Kasper Mitchell <MKasper@nycboe.net>; Reeves Stacey (TAO User) <Stacey.Reeves@nycboe.nycenet.edu>
CC: Knipfing Beth <BKnipfi@nycboe.net>; Friedman Alan <AFriedm@nycboe.net>
Sent: Fri Jun 22 15:20:45 2001
Subject: Agency Attorney Union Dues Refund

Steps have been taken to discontinue your union dues payments based on the outcome of a PERB (Public Employees' Relation Board) law suit. You are covered by the International Brotherhood of Teamsters and you will continue to receive your benefits from them, ie, dental, eye glass, prescription, etc., but you are considered to be "confidential" (Original Jurisdiction) based on your title and therefore, exempt from paying union dues. This also means that you are ineligible to vote in unions elections and you ineligible to grieve.

Additionally, we will be submitting documentation to provide you with refunds for dues already paid. At this time we do not know how far

back we can request a refund for, but our intent is to try to provide full refunds if at all possible.

CSADMIN, 2 ID/Name: [View Details of Who](#) [Preferences](#) [Print](#) [Help](#)

[Minimize Top](#) [Logout](#)

Who:
 What:
 From:
 To:

 Shortcuts: [Accruals](#) [BubbleSheet](#) [Daily Edits](#) [Filters](#) [Cancel Request](#)
[SOD](#) [PHP](#) [LCD](#) [RPD](#)

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Report Name: Accruals
 Employees: REEVES, STACY
 Date Range: 07/16/2020 to 07/16/2020

Accruals

Accrual Information	
Employee Name	REEVES, STACY
Employee ID	0453094
Monthly Annual Leave Accrual Rate	0 day(s) 0 hrs 0 min
Monthly Sick Leave Accrual Rate	0 day(s) 0 hrs 0 min
Current Balances	
Annual Leave	8 day(s) 6 hrs 51 min
Sick Leave	5 day(s) 6 hrs 15 min
Vested Annual Leave	0 day(s) 0 hrs 0 min
Vested Sick Leave	0 day(s) 0 hrs 0 min
Vested Comp Time	0 day(s) 0 hrs 0 min
Floating Holiday	0 day(s) 0 hrs 0 min

Legend: 1 day = 07:00

Printed By: CSADMIN2 on Cybershift Server 3G
 Date Printed: 7/16/2020

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

Date	Event	Comments
June 29, 1992	New York City Managerial Employees Ass'n v. Dinkins, 807 F. Supp. 958(S.D.N.Y. 1992)	Case provides rules for original jurisdiction (aka OJ) employees and managerial pay plan
February 11, 1998	IN THE MATTER OF CITY EMPLOYEES UNION, et. Al. (PETITIONERS) AND BOARD OF EDUCATION OF THE CITY SCHOOL DISTRICT OF THE CITY OF NEW YORK, EMPLOYER.	Case outlines that Agency Attorneys are not union members. Also, in this case the Judge states - because of this ruling, I need not address the district's claim that the at-issue employees are managerial or confidential . See footnote 19
Following - post-employment		
August 1998	Hired as Deputy Director	Civil Service Title: Agency Attorney Level 2. In entered in system as 20 annual days consistent with being an Original Jurisdiction Employee
August 1999	Promoted to Director	Raises were per a title change however subsequent raises were pursuant to managerial pay plan (as outline in Dinkins).
June 21, 2001, to June 22, 2001	Email exchange between Executive Director, Administrator of my unit (my boss) and HR Director stating all DOE attorneys are OJs	in the email it is stated - you are "confidential" original Jurisdiction) based on your title and therefore, exempt from union dues.
To be provided	DOE refunded	In accordance with the above email, the dues were refunded
August 2003	Promoted to Deputy Administrator, Office of Contract Management	No longer sub-managerial – 20 annual days allocated for manager title. This is 5 years after hire. So, the error period should be 5 days x 5 years less the 8 days in the system or 17 days and not 62 days
December 2004	Promoted to Chief Administrator	
April 2019 to June 2019	Finalizing Retirement with the timekeeping staff	Number of email changes including an email in which I ask if all is ok, and the response is Yes.
July 3, 2019	Retired	
Following – post retirement		

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

January 15, 2020	Email explaining the delay from timekeeping / Vannell Jones Deputy Director, Personnel Division of Financial Operations and Information Systems	Her email reads - The process for the lump sum payments are in two parts. The lump sum processing unit also needs to review the information we send them before a check is issued which can take time. There is currently only one person on their staff working on processing the 9909s for the entire DOE. We do not know as yet when exactly the funds will be mailed but will keep you informed once that information becomes available. We understand that this is a high priority for you and hope to be able to have a definitive answer for you soon.
February 25, 2020	Email - there any update on when I should receive my lump sum payment?	The person who responded the next day and stated he is no longer in the position, and I should ask Jeannine Carter/Payroll Officer - Lump Sums Payroll
February 26, 2020	Jeannine Carter responded	Her comment “I do not have any information regarding your lump sum payment. Please reach out to your timekeeper”
February 26, 2020	Email to Kami Kent (timekeeper) asking about status of lump sum	Her title - Director, Personnel Division of Financial Operations and Information Systems
February 28, 2020	Email response from timekeeping that files are missing	Vannell Jones and I have been scouring files to locate all sick doctor notes associated with dates that are coded as such on your Cybershift bubble sheet. We have fallen short in locating all of them. Did you happen to keep any copies of your doctor’s notes for the time that you were working here?
March 2, 2020	Email with attachment asking for missing medical records	The list underscores the incompetence of the DOE. As it also included that my approved FMLA applications. This is a form that is kept in at least three other locations (manager file, , HR and your timekeeper’s records if not in your file).
May 18, 2020	Email with attachments of documents located	My comment in the email - While not listed on the retirement instructions I was given; this was my best effort to comply with this request. In any event, hopefully as all my days were approved by my various managers and/or their designee, further documentation is not needed.
May 19, 2020	Email confirming receipt of documents	With a comment “will update your records”.

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

July 5, 2020, July 21, 2020, August 13, 2020, August 14, 2020	Emails asking for status	No response
August 20, 2020	Response from Timekeeper	<p>Email reads - Thank you for your patience. After numerous technical issues presented with working from home and being unable to access the office, my office has submitted your attendance file to Payroll. I understand that this has been an unusually long delay but hope you can appreciate the highly unusual circumstances that we have faced.</p> <p>If we need any additional information, I will be in touch. Otherwise, I will contact you when your final check becomes available in order to verify the manner in which you would like to receive the payment</p>
January 22, 2021, February 22, 2021, March 15, 2021	Emails asking for status	No response
March 16, 2021	Email stating that my accrual time was wrong	Email - an incorrect accrual rate for you during your time as an Agency Attorney, providing you with 20 days per year when your title only entitled you to 15 days per year. Payroll asked that your entire record be reconstructed and resubmitted based on these new calculations. Your paperwork is on its way back to Payroll. They have been instructed to expedite processing. I will reach out to Payroll on March 25 to see where they are in the process, and I will update you with their response.
March 16, 2021	Email stating my time is correct to the DOE and asking for information (no response)	<p>Email “ I am very concerned that my days are incorrectly being adjusted. My title as an agency attorney was long ago replaced with my grade as a manager.</p> <p>Also days were previously downwardly adjusted when a previous chancellor eliminated how many days a person could get.</p> <p>Please send me the regulations and or cybertheft section for my title as chief administrator.</p>

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

March 25, 2021		
March 25, 2021	Kami Kent (Timekeeper) send an email again stating my time is wrong and that I was represented by a union / teamsters 237.	Wrongfully timekeeping stated “While in this title, you paid dues, and you received the benefits of being represented. She also is confused because she states “As to your responsibilities, I remind you that the office title and the civil service title can be different, and supervisory responsibilities can be performed by individuals in both managerial and non-managerial titles as well as represented and non-represented titles. “. Non-represented can be OJ which would allow for the 20 days. Also, this is the same union which the DOE stated in 1998 agency attorneys were not represented by -
March 25, 2021	I send an email objecting to the above email	I also attached the email from 2001 substantiating my position (never addressed by the DOE)
April 14, 2021	Receive response from timekeeping that the Administrative Personnel Unit is working on this.	This will be with adjusted time.
April 16, 2021	I send email along with attachment of the DOE rules	In the attached email, Beth stated that Agency Attorneys are OJs. Per the footnote on the attached rules /regulation page " the following titles, beginning July 1, 1985, are covered under No. 1: Nurses, Therapists, Original Jurisdiction[emphasis added]and Managerial titles, in addition to employees with continuous service in a NYC public agency." In reading No. 1 the OJ title - accrual rate is 20 days and not 15.
April 22, 2021	Email to Managerial Employees Association for help	No assistance received.
May 2021	Sent FOIL Request to DOE for Salary information	No response until February 2022
July 2021	Audit of time performed	Time was audited but not issued until June 1, 2022
July 31, 2021	Asked for status of Lump sum	Response below
August 2, 2021	Email response from DOE	Your Lump Sum was submitted to the Comptroller’s Office on 4/23/21. It is currently taking them 4 months to review.

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

		Question: if the audit was done in July 2021 – what was sent to the comptroller on April 23, 2021?
August 2, 2021	Email restating my position and asking for polices and status	Email ask - please send the DOE's policy on attorneys from 1998 to 2003. Never received a response
August 2, 2021	Email from Jill Hickey Director of Pedagogic Exception Payroll	Your file is currently being reviewed at the Comptroller's Office. The last correspondence I had with them regarding your case was August 31st. No response on the polices
November 16, 2021,	Emailed for status	Response below
November 16, 2021	Email from timekeeper/ Kami Kent Director, Personnel Division of Financial and Business Operations	Jill can provide you with an update on your file, but I wanted to let you know that I have been working with the Division of Human Capital to determine the effective date of your title's change from Teamsters to OJ so that I can double-check the accrual calculation that was used based on that date. The records review is ongoing, but I will follow-up again on Friday, if I don't learn anything sooner. Additional Comments: No response received on Friday (November 19, 2021) . Also, she states the record review is "on going" on November 16, 2021. Yet the DOE claim is dated months before July 2021.
November 16, 2021	Sent email reaffirming the law that should apply	New York's Taylor Act (N.Y.Civ.Serv. Law §§ 200-214 (McKinney 1992)) and the City's Collective Bargaining Law (Administrative Code §§ 12-301 12-316 (1985)) create a classification between those City employees whose salaries are determined by the mayor and those employees whose salaries are governed by the collective bargaining process. OJ employees are excluded because their work involves "confidential" matters, such as personnel or labor relations matters. See N.Y.Civ.Serv.Law § 201.7; Administrative Code § 12-305. Please review my salary raise information. In accordance with the above, my salary history should show if my raises

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

		were pursuant to mayoral directive(s) or by collective bargaining agreement(s). No response.
November 21, 2022	Sent email to Eric Dinowitz – City Councilman	Assigned to help me - the Director of Constituent Services Lorenzo Manzano
January 5, 2022	Sent an email to Vladeck Elizabeth, General Counsel asking for help	She did not respond but Director of Labor Relations informed me she was assigned (see January 7, 2022 below)
January	Eric Dinowitz – City Councilman	Followed up with phone calls to Lorenzo Manzano. At various times, I emailed the Mayor for help, Comptroller's Office, and other elected officials - no response -except for Eric Dinowitz's office and the Public Advocate (new).
January 7, 2022	Received email form Karen Solimando, Director Office of Labor Relations	She states "it is my understanding that you were a non-represented attorney during the 1998-2003 time period. I believe Ms. Kent provided information below regarding the accrual rate that applied during this time period. Please elaborate on why think this rate was not applicable. My city councilman office is copied Manzano, Lorenzo on this email and all future emails with Karen S.
January 7, 2022	Sent a response	Your statement is untrue - Ms. Kent said I was a union member as such my accruals would be less - 15 days and not 20 days.
November 21, 2021	Emailed City Councilman Eric Dinowitz	Was told someone would get back to me -
January 25, 2022	Received email form Karen Solimando, Director Office of Labor Relations	The DOE has reviewed your records and employment history and determined that the appropriate accrual rate during the Agency Attorney service period was 15 days. You will receive a separate document with an explanation and contact should you have additional questions. Never received the explanation as the June 2, 2022, document could possibly be what she was thinking about. As it was drafted months before in July 2021.
January 25, 2022	Email for information as to if raises were based on collective bargaining	In my email, I state - Thank you for your reply. There is one issue that I never received a response from the DOE and that is concerning

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

	agreement or mayoral directive	my raises. From 1998 to 2003, were my raises based on union or mayoral directive or other. Please let me know. Never received a response
January 28, 2022, February 2, 2022, February 9, 2022	Emails sent to answer raise question	No response
February 10, 2022	Received email form Karen Solimando, Director Office of Labor Relations	She replies to my city councilman’s office (not to me) - I believe Ms. Reeves contacted other DOE offices and I would like to confirm what information has been provided to date
February 13, 2022	Email to inform Karen that what I received was a FOIL Response	In reading over the FOIL response, I wanted to add that I was sent the union raise schedule and the printout for code 30087 (union). However, as you previously stated I am unrepresented and following the DOE’s logic should be an OJ employee. Also – state this because the DOE is trying to argue that I am not represented meaning that I am non-union. Only two pay schedules were sent to me – one union and the other OJ – Managerial
February 28, 2022, and March 21, 2022	Lorenzo Manzano	Eric Dinowitz – City Councilman’ s office – emails for a response about raises no response.
June 2, 2022	Received Claim from DOE (dated June 1, 2022)	First time, I was informed that I owe the DOE money
June 4, 2022	Email to ask about overpayment/claim	I ask for information such as - Statement that as to if my raises from the time of my hire until I became a manager were pursuant to a managerial directive - A full breakdown of the days owed by calendar year beginning in 1998 and ending in 2003. The information provided does not seem to account for my FMLS, etc. - The total hours worked on weekends and the weeks in which I worked more than 60 hours beginning in 1998 and ending in July 2019. Broken down by specific week in which the above conditions were met. - The DOE policy which allows for the audit of a retiree's time etc. No information provided
June 8, 2022	Internal email	Josephine Tornabene-Colon asks for someone to answer my questions – no response

Email summary and other information concerning post retirement claim by NYC Dept. of Education three years post retirement – Stacey Reeves hired 1998 and retired 2019 (as of August 23, 2022)

June 8, 2022	Email the DOE with the PERB order highlighted and the employee handbook	I state - I have also attached the highlighted sections of the PERB order and DOE employee handbook. Also, being an Agency Attorney (sub- managerial) and an OJ/confidential employee IS NOT A CONFLICT but in line with the Taylor Law.
June 27, 2022	My last email asking for answers raised on June 4, 2022	I am still waiting for a response to my email. As Beth told me last year she would have and did contact DHR and Shelia Alexander responded to affirm OJ status. As such, your calculations are errored. Please correct and resubmit showing that the DOE owes me. No response

Testimony against Intro 0175

My name is Steven Robles, I reside in the Bronx, New York area. I am a wheelchair user and have multiple disabilities. I receive home care for assistance with my activities of daily living, which allows me to have an independent life within my family home and my community.

If intro 0175 is put into law, this could adversely affect not only me, but people that I know who receive CDPAP/ Home care. Limiting the number of hours someone can work with a patient/ home care agency can and will put a homecare/ CDPAP recipient at risk for gaps in care, which will put them in danger and higher risk of institutionalization. If institutionalized, many will lose the independence and autonomy they have worked their whole lives for, which would mean all the persons advocacy, blood, sweat, pain, and frustrations would all be for nothing.

Homecare and CDPAP are jobs/careers that provide little compensation for a substantial amount of time and effort. Intro 0175 would limit compensation for workers even more by limiting hours and over time, for even those who can and choose to work extra hours. Why limit those who choose to care for someone in need?

Penalizing the agencies that provide the care services is dangerous for recipients. If this law is put in place, agencies could potentially drop or decline cases that they would or could get fined for going beyond the number of hours proposed in this piece of legislation, which, again could result in the care recipient(s) being forced into institutions.

If institutions were the best answer for people like me, homecare and CDPAP would not exist. This legislation will set the disability community backwards by decades. If passed, it would be an insult to those before me, who fought so people like me and others could remain in our homes, in an integrated community like any other human being. If passed, this legislation could be a steppingstone that could take away more rights, privileges and services that are under attack this very moment in my community.

If you believe that people like me and others have a right to live in this world independently and safely with reasonable accommodations like homecare/ CDPAP and services, PLEASE, DO NOT pass intro 0175.

Thank you for your time,

Steven Robles

September 6, 2022
Justice For Home-Care Workers

I support the **demand that elected officials end 24-hour shifts immediately, and replace with, at minimum, two 12-hour shifts, and require organizations to distribute back-pay and overtime funds.** I also ask AG James to conduct investigations into the Chinese-American Planning Council and SEIU 1199 for the allegations in Assembly member Ron Kim's report.

My commitment to this issue comes from personal family tragedy and needs. My father required 24/7 home care for the last 8 years of his life. We saw firsthand even in good situations how the aid workers were exploited by their agencies, underpaid and received no benefits.

These workers are family's lifelines – both the aid's families and the families in need of help. They are beyond essential workers. They tend the sick, frail and dying.

We must end this exploitation and treat these workers with the respect, dignity and compensation they so rightly deserve including back pay.

Specifically, I support and demand these actions to be taken immediately:

Support a moratorium on CPC funding until worker demands are met:

CPC voluntarily end 24-hour shifts immediately, and replace with, at minimum, two 12-hour shifts;

Agreement to make good on back pay for lost wages before administrative obligations

Support an investigation by the Attorney General into CPC and other home-care agencies that require 24- hour work shifts

And also support and enforce bills ([A3145](#) / [S359A](#)), ([A6329A](#) / [S5374A](#)) the [SWEAT Act](#) ([A766](#)/ [S2762](#)) to stop the 24-hour work day, protect workers against wage theft and restore fair pay.

Thank you.

Susan Wittenberg

Greene Street

NY, NY 10012

Thomas K. Small

Attorney at Law

Pierrepont Street

Brooklyn, New York 11201

email: tk@tksmall.com

September 6, 2022

Testimony

submitted to the

Civil Service and Labor committee
of the

New York City Council

My name is T.K. Small and I am testifying before the Civil Service and Labor Committee of the New York City Council in opposition to Intro 0175-2022. The basis of my objection is based on my personal and professional experience of nearly 40 years receiving various forms of community-based services. Intro 0175 will unnecessarily and recklessly cause harm to people with significant disabilities like me, as well as limiting the income opportunities for already poorly paid home care workers and Personal Assistants in the Consumer Directed Personal Assistance Program (CDPAP).

I started using traditional home care when I was in college, beginning in 1983. When I was away at school, typically I would hire other students to help me, but they had to go through a traditional agency, even though I did all the work recruiting and training them. Essentially, I was using Consumer Directed Services, even though I didn't know that. When I would return to the city for the summer or on breaks, I would use a traditional service, with home care worker's being assigned to me from an agency.

In 1995, two years after law school, I took a job with the Brooklyn Center for Independence of the Disabled (BCID). BCID is part of a national network of Independent Living Centers which are charged at both the federal and state level with advancing the rights of people with disabilities. Because my home care agency had not dealt with a disabled person that actually was employed, the workers initially refused to accompany me to work, even though they were helping me with the same things, as they would at home, i.e. going to the bathroom, getting some food, etc....

It struck me as completely inconsistent to be working at a civil rights organization for people with disabilities and not be able to be more in control of my care. So, while it was scary and I didn't really know what I was doing completely, I found a few PAs and switched to what was then the only consumer directed program in New York City. While I had a few failures and mistakes along the way, eventually I figured things out. Throughout the years, I have had many great PAs that have literally saved my life. Putting a program like this in jeopardy could have dire consequences for myself and many others.

On a professional level, I worked for nine years as the Director of Policy for a fiscal intermediary here in NYC. In this capacity, I got to see all the vital aspects of this important program. Whether at the Federal, State or City level, the administrative and regulatory obligations are complex. With the wrong change to the system, it can cause a magnifying rippling effect with lethal results. Intro 0175 is such an example of a terrible idea that has not been thought through completely.

Most immediately pressing behind my concerns is that there is an immediate problem with the home care infrastructure. If Intro 0175 is approved, upon the implementation of the statute, thousands of home care and CDPA workers will not be able to care for people. Is City Council of the view that people can simply go without care? If people do not receive care in the community, it will need to be provided in some sort of institutional facility like a nursing home. Presently, nursing homes in New York State are already understaffed and there is not capacity to take on thousands of

new patients. Additionally, what will happen to the Personal Assistants when consumers are forced into nursing homes?

The service that these workers provide is not a luxury, it is an essential aspect of keeping people alive. I have a trach, ventilator, suction machine, cough assist, nebulizer and a laborious personal care routine, which my workers do a great job of performing. I'm sure that many other CDPA consumers have a similar relationship with their PAs.

Earlier in my remarks, I mentioned my employment with BCID. Matters of civil rights for people with disabilities are not something I take lightly. I attended the arguments in the Olmsted case and this type of legislation will force many people back into institutional settings. I spent nine years in a rehab hospital (essentially a nursing home for kids) and I can assure you I'm not going back. One way or the other, I will make things work or die in the process on my terms in the community. Does this committee and City Council want to undermine the civil rights of New Yorkers with disabilities? The enthusiastic response and broad support for Intro 0175 suggests yes!

The concerns of the disability community about Intro 0175 have been largely ignored. Basically, the supporters of this legislation are willing to play a game of chicken with my life on the line. Is there any wonder that politicians are held in such low regard? Politics and policy advancement like this is a sleazy business. Even my own city councilmember, the Hon. Lincoln Restler is a supporter of this proposal. After speaking with a staffer trying to get through to his legislative liaison, I did not get so much as a callback or generic email response. There is a saying in the disability

community, "Nothing about Us, Without Us". Councilmember Restler may have great hair, but he has made a mistake in supporting Intro 0175.

William Ferns
Grand Street,
New York, NY 10002

bill.ferns@gmail.com

City Council of the City of New York
City Hall
New York, NY 10007

September 3, 2022

To Whom It May Concern

I am a resident of the Lower East Side, and I am writing to ask you to expedite as much as possible the passage of the "No More 24 Act" (Intro 175) introduced to the City Council by CM Christopher Marte. I will be unable to attend this Tuesday's City Council hearing on the matter, so I am sending you this letter of support for passing the bill.

The Maximum Working Hours For Home Care Aides bill would set the maximum working hours that an employer may assign to a home care aide. The hours would be limited to 12 hours for any one shift, or within any 24 hour period, and 50 hours within a week. A home care aide could be assigned additional hours in the event of an emergency.

This bill is opportunity to reverse an egregious ruling by Andrew Cuomo's Department of Labor that agencies could pay workers only 13 hours for a 24 hour shift, on the incorrect assumption that workers would have 11 hours of personal time to sleep and take care of personal necessities. Anyone who has had to care for a loved one who needs 24 care knows that 8 hours of sleep is not a reality for caretakers. *This was NOT legislated law, but an executive branch ruling by a disgraced governor.* The home care workers who are suffering under this ruling are primarily immigrants women of color, some of the most vulnerable people in our society.

Nobody should be forced to work 24 hours and get paid for only 13 of them, especially home care workers who are responsible for the well-being of those for whom they care. This practice can cease immediately with the passage of Intro 175.



Hi all, my name is Yolanda. I spoke to close to a hundred Chinese-speaking home care workers who reside in NYC, who have been driven by anger to speak up and file labor standard complaints about their experience with brutal workdays, deteriorating health and family conditions, and the resultant lack of energy to spend on caring for their patients. Many of them work or have worked 24-hour shifts for consecutive days every week, in which case they had to get up 5 to 8 times every night on average to assist their patients to use the bathroom or change diapers. They cannot sleep and often develop chronic illnesses such as cancers, depression, physical disability, and neurological disorders.

For those who work or have worked multiple 10-hour or 12-hour shifts accruing to more than 50 hours per week, workers' physical and mental health is equally threatened and destroyed. This is because home care workers are especially dedicated to providing with their patients the most meticulous and comprehensive care, and thus the duty of home care often involves heavy lifting (ie. many patients weigh more than 170 lbs) and frequent handling of diapers, undergarment, and cleaning of the patients' excrement or secretions. For example, it is very common for workers to have to use their bare fingers to help push out the patients' stools, multiple times per single shift. As a result, what a week of over 50 hours of work would bring to workers is nothing but tremendous mental and physical fatigue, trauma, and indignation. To this, many workers have expressed that not even money can buy back their health and dignity!

The fact that workers are currently assigned to working 24-hour workdays or working over 50 hours per week fully shows the discriminatory nature of the NYC home care industry, as the majority of the home care workforce consists of immigrant women of color. As a daughter of an immigrant woman of color myself, who didn't make any memories with my mom because she too was always out working — I call on the City Council to end this racist and sexist practice that only exists in NYC today!

林玉芳 - Yu Fang Lin

大家好! 我叫林玉芳。我做24小时护理有2年。通常每周24小时要做2至4天。

我照顾一位95岁婆婆，她是坐轮椅的还有老年痴呆。晚上要起来5至7次帮病人换尿片，去洗手间。我这么小的人，一个人扶130磅的病人，好累。因为病人跌倒过，他们装了一个感应器。病人一动，感应器就会响起来，整晚都在响。晚上根本没得睡，非常辛苦。

因为长期做24小时不能睡觉，我手脚都痛，身体做垮了。

我今天来支持市议会的175号法案，要废除24小时工作制。限制每班工作时间为12小时。12小时已经很多了。

Hello All! My name is Lin Yofang.
I have been doing 24 hour shifts for 2 years, usually 2-4 days a week. I take care of my 95 year old mother-in-law who is wheelchair-bound and has dementia. I wake up 5 to 7 times at night to change diapers and use the bathroom. I'm a small person and it's exhausting to support + care for a 130 lb patient by myself. ~~Because the~~ When the patient fell one time, they installed a sensor. As soon as the patient moves, the sensor will ring, and it rings all night. I couldn't sleep all night, it was very hard. Because I couldn't sleep for 24 hours for a long time, my hands and feet hurt and my body collapses. I'm here today to support City Council bill 175 to repeal the 24 hr workday. Limit working hours to 12 hours per shift. 12 hours is already a lot!

Yuan Xiao

My name is Yuan Xiao, a home attendant. I took care of an old gentleman for a year and half from the end of 2018, 24 hours a day, three days a week.

Taking care of this old gentleman is very hard work. He couldn't tell the difference between day and night. At night he often called me and frequently got up to eat. And I had to lift him from the bed to the wheelchair many times a day, which made my right arm stiff and can only swing forward, not backward. The back muscles were also injured. I had to wear waist support to work as a result. Here you go, one patient taking care of another patient.

Taking care of this old gentleman day and night for more than a year had already changed my routine. At night, whenever there is a little noise from the patient, I had to go check on him. When there was no sound at all, I also had to go check on him, because the gentleman was old and might pass away at any time. So when I get home, I can't sleep well. I can't sleep when I want to, because the idea that something might happen always lingers in my mind.

Who really wants to work 24 hours for 13 hours of pay? Working 12 hours, we get the same amount of pay. Can you imagine how much pay we lost working 24 hours? And doing 24 hours damages our health. It's so unfair.

So I support the City Council to pass Intro 175 to turn 24-hour workdays into split shifts and cap the work hours per week at 50 hours.

肖源

我叫肖源，是家庭护理人员，从2018年底开始照顾一位老先生，照顾了一年半，每周三天连续做24小时工作日。

照顾这位老先生是非常辛苦的工作。他分不清昼夜，经常在晚上叫我，要起来吃东西。而且我每天要多次把他从床抬到轮椅上，把我的右手臂做僵了，只能往前摆，不能往后摆。腰部肌肉也做伤了。我到后来要戴上护腰去工作，等于是一个病人照顾另一个病人。

这一年多不分昼夜照顾这位老先生，已经改变了我的作息规律。到晚上，病人有一点声音，我要过去看。一点声音都没有，我也要去，因为老先生年龄大了，有可能随时去世。所以我回到家也睡不好觉，想睡睡不着，精神处于紧绷状态，总觉得有事要发生，所以睡不安稳。

谁真的愿意做24小时只拿13小时工资？12小时也是拿同样的钱。可想而知24小时我们损失了多少钱？而且做24小时的护理都做伤了。真是太不公平了。

所以我支持市议会通过175号法案，把24小时工作变成两班制，把每周工作时间上限定为50小时。

In support of 24 Hr bill

At this week's hearing on the 24 Hour Bill, opponents presented three compelling arguments:

- 1) Although the law is necessary and just, it's better left to Albany.
- 2) The bill has noble intentions but there would be catastrophic *unintended consequences*.
- 3) The cap on weekly hours is unfair to workers who want to work more.

I'd like to share a little history of how these same arguments were used to stop laws banning child labor in America from the 1880s until finally outlawed in 1938.

Less than 100 years ago, 1 in 6 children worked full-time in factories, textile mills and coal mines. Companies liked hiring children because they were paid less, could be beaten for slacking off and didn't organize unions. The legal age to become a coal miner was 12, but bosses weren't fussy about checking birth certificates and routinely hired boys as young as 9. When a seam of coal was too narrow for a man to swing a pickaxe, they sent in a kid and when it got too narrow for him, a younger one took over. Finally the smallest boy in the mine crawled into the crevice with a hand pick to scoop out the last bit of coal with his little hands. Coal mining accidents killed an estimated 30,000 boys. When the survivors reached their 20s they developed Coal Miner's Cough and black lung disease which killed many of them in their 30s. Today we look back and ask: Why did it take politicians decades to ban child labor? Were they all just totally corrupt and mean?

Progressive reformers spent decades trying to end child labor but were thwarted not just by corruption but also honest politicians who were persuaded by the three arguments cited above. First that their legislatures lacked authority. Municipalities left it to state legislatures while the states looked to congress which passed-the-buck back to the states. Second, even good politicians feared the *unintended consequences*. Children made up 20% of the workforce. If factories and mines couldn't employ children they would have to hire adults at higher wages. And if parents lost the income from their kids, they'd demand higher wages too. The price of coal, clothes and every product manufactured in America would skyrocket. Inflation, factory closings and mass unemployment would devastate the American economy. Without enough coal the trains would stop running!

At the hearing, opponents of the bill argued that capping work hours to 50 hrs per week was unfair to workers who wanted to work "overtime." That reminds me how during the fight against child labor some politicians justified inaction by saying things like "Nobody's 'forcing' children to work. Kids like having jobs and helping their families pay the bills."

Ultimately child labor was banned in the 1930s not because politicians had a 'Come to Jesus Moment' and realized their fears were misplaced. It was the Great Depression and politicians simply wanted the few available jobs to go to people old enough to vote.

Please keep this brief history lesson in mind before you vote on the 24 Hour Bill. Someday people might look back and wonder why YOU didn't do anything to stop this brutal injustice.

David Eisenbach, PhD Columbia University History Department
East Village NY

**September 8, 2022
Hearing on Int. 0175-2022
Committee on Civil Service and Labor**

Dear Council Member Kalman Yeger and Members of the Committee on Civil Service and Labor

My name is Luda Demikhovskaya, and I am writing as a board member of Disabled In Action of Metropolitan New York. ("DIA") is a fifty-two (52) year old, 501(c) (3), grassroots, civil rights organization run by and for people with disabilities. DIA's mission is to eliminate discrimination for people with all kinds of disabilities.

Int. 0175-2022 is extremely dangerous to both New Yorkers who are our home care attendants and to consumers who receive home care.

Home care attendants work long hours for small salaries and try to take care of us; a job that is not always pleasant and includes washing us, dressing us, cooking and feeding us. If the City Council supports this bill, we will lose home care. Staying at home without help will only lead to us getting ill and being hospitalized and forced into nursing homes to die!!! More Medicaid funds will need to be spent since hospital costs and nursing home costs greatly exceed home care costs.

What about people who do not have such money to provide for a loved one who needs home care, are you fine with them having to choose between getting sick or being forced into a nursing home due to a total lack of home care? Further, what about the home attendant who has a family and needs to pay rent, food and take care of children who now has to choose between working no more than fifty (50) hours a week for one employer or juggling more than one job to make ends meet. It seems to me that you do not understand what home care is and why people who care about New Yorkers with disabilities created it many years ago!

Do you care about New Yorkers with disabilities and home care workers? NO! If you truly cared about home care attendants and the consumers they assist you would never support this bill. Instead, you would sit down with home care attendants and New Yorkers with

disabilities that use home care and come up with actual ways to improve the quality of life for home care workers and for us, the recipients of home care!

In sum, please vote “No” on Int. 0175-2022.

Thank you.

Luda Demikhovskaya, retired PH degree in biochemistry; computer programmer, social worker, disabled activist and advocate

Cynthia shoulder is disagreed with the 175 bills. I'm a home health aide. The 0175 bill decrease the hours that home health aide provide service to their patient. That's decrease is service the hours affect to patient have less do work, I am support that who employee had help to them a home care and depend on income with their family. Her personal assistances do to responsible her a cleaning all each home, cooking, go to shopping and do's laundry. She does to make the lunch a client. Her personal assistance to take a client to go doctors. Client like to her because she is very good to helping and everything. Client knows her from for two years.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Carlos Herrera

Address: Grand st

I represent: restaurant worker @

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Zishun Ning

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Belky Acid de Bruno Yanin Pena special

Address: _____

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Jing Song

Address: 7th Ave, New York, NY 10030

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: JOANN Linn

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 1/22

(PLEASE PRINT)

Name: KIRAN CHAUDHURI, on behalf of Luz Gonzalez

Address: Clifton Place Brooklyn

I represent: Luz Gonzalez

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: SARAH AHN

Address: 350 Ave

I represent: myself / Furber Worker Center

Address: 3638 Union St.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: _____

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Zeke Luger

Address: Englem St, Queens

I represent: myself

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Diane Barrett

Address: Lexington Ave

I represent: Archcare

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Hong Wu Chen

Address: 11111 Mills Ave, Staten Island, NY 10305

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: San King Chong

Address: 109th Ave, Richmond Hill, NY 11420

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mei Kum Chu

Address: Bay 17th St Brooklyn NY 11214

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: MARGARET LEE

Address: E 52ND ST 7W

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Chris Vo 11104

Address: 44th St at Woodside NY 11358

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: David Eisenbach

Address: E 127th

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: Sept 6, 2022

(PLEASE PRINT)

Name: Vicki Niu

Address: Sullivan St., New York, NY 10013

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 09/06/2022

(PLEASE PRINT)

Name: Simon Kostelanez

Address: East 118th Street

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Phoebe Lopez

Address: St Nicholas Ave Brooklyn NY 11237

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 09.06.2022

(PLEASE PRINT)

Name: Lily Randall

Address: C Broadway

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Danice Hsu

Address: 50th Ave Fl 2 Longwood Plaza

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: AUDREY HUI

Address: BIVINGTON ST.

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Kevin Hsi

Address: 50th Ave Elmhurst NY 11373

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Bao Jin Qiu

Address: _____

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9.6.22

(PLEASE PRINT)
Name: Yolanda Zhang

Address: _____

I represent: self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)
Name: Joseph Jung

Address: 35th Avenue

I represent: Myself

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)
Name: Stefan Henry

Address: 99th street Apt 20

I represent: Myself

Address: 25 E 99th street

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Suliet Emerson-Celvin

Address: 74th Ave NY, NY 10030

I represent: Ain't I A Woman Campaign

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Mahir Rahman

Address: Allen Street, New York-NY 10002

I represent: Youth Against Sweatshops (YAS)

Address: 345 Grand Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Sonia Ossorio

Address: 94th St

I represent: National Org of Women

Address: Women's Justice NOW
150 W. 28th St 304

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Anne KOCHMAN

Address: 403 AVE C BROOKLYN NY 11218

I represent: Self

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dafina M Perez

Address: 403 AVE C BROOKLYN NY 11218

I represent: H/H

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Daisy Castillo

Address: 403 AVE C BROOKLYN NY 11218

I represent: H/H

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Cantonese

Date: _____

(PLEASE PRINT)

Name: Ying Na Ruan

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175-2022 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Karen Low

Address: _____

I represent: New York City Asian-American Democratic Club

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Vincent Cao

Address: _____

I represent: Chinese Staff and Workers Association

Address: _____

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

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Mu Jun Zhu

Address: _____

I represent: _____

Address: _____

Taiwanese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Hui Ling Chen

Address: _____

I represent: _____

Address: _____

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Xiao Wen Zhen

Address: _____

I represent: _____

Address: _____

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

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Yu Fang Lin

Address: _____

I represent: _____

Address: _____

Taiwanese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Gui Zhu Chen

Address: _____

I represent: _____

Address: _____

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Zhi Hua Gu

Address: _____

I represent: _____

Address: _____

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

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Qin Li

Address: _____

I represent: _____

Address: _____

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Rong Chen

Address: _____

I represent: _____

Address: _____

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Lai Yee Chan

Address: _____

I represent: _____

Address: _____

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Amel Xiang Li

Address: _____

I represent: _____

Address: _____

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 8/6/22

(PLEASE PRINT)

Name: Anna Zhang

Address: _____

I represent: _____

Address: _____

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Hong Wn Chen

Address: _____

I represent: _____

Address: _____

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Mei King Chong

Address: _____

I represent: _____

Address: _____

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Yun Feng Zhang

Address: _____

I represent: _____

Address: _____

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Zi Shao Ning Meng

Address: _____

I represent: _____

Address: _____

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

Cantonese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Zhaolin Chen

Address: _____

I represent: _____

Address: _____

Mandarin

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Hongyi Ying Chen

Address: _____

I represent: _____

Address: _____

Taiwanese

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: H. Zhao E. Jiang

Address: _____

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Cantonese

Date: _____

(PLEASE PRINT)

Name: Xiao Wen Zhen

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Cantonese

Fuzhou Date: 9/6/22

(PLEASE PRINT)

Name: Rui Qing Xu

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Fuzhou

Date: 9/6/22

(PLEASE PRINT)

Name: Yue Hua Chen

Address: _____

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Mandarin

Date: 9/6/22

(PLEASE PRINT)

Name: Li Qin Zheng

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Cantonese

Date: 9/6/22

(PLEASE PRINT)

Name: Shu Zhen Ruan

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Mandarin

Date: 9/6/22

(PLEASE PRINT)

Name: Ying Fang Wu

Address: _____

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Mandarin

Date: 9/6/22

(PLEASE PRINT)

Name: Zu Fen Yang

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Mandarin

Date: 9/6/2022

(PLEASE PRINT)

Name: Jian Xiao Li

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Nina Bakoyannis

Address: 45-62193rd St, Flushing NY 11358

I represent: Downstate NY ADAPT

Address: _____

I oppose
Info 0175

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: BERNADETTE RIRD
Address: 46 Jett Brgh, N.Y. 11201

I represent: CONCEPTS of Indep. Inc.
Address: 120 Wall St NY 11201

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☐ in favor ☐ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Jessica Taylor
Address: Powells Love Blvd White St

I represent: Brgh Independent Living Center
Address: Downstate IVX Admpt

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Marche Johnson
Address: E. 126th St. NY NY 10035

I represent: Civic League for Disability Rights
Address: 25 Elm Place 5th fl. Brooklyn, N.Y. 11201

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rolanda Heilig-Jenkins

Address: _____

I represent: HRA - Deputy Commissioner, Homecare Services

Address: Program

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rolanda Heilig-Jenkins

Address: _____

I represent: HRA - Deputy Commissioner, Homecare Services

Address: Program

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: John Rojas

Address: _____

I represent: HRA - Chief Special Services Officer

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Elizabeth Wagner, Acting Deputy

Address: Commissioner, DCWP

I represent: Department of Consumer & Worker Prot.

Address: 42 Broadway

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☐ in opposition

Date: 11/17/2022

(PLEASE PRINT)

Name: Carol Ortiz

Address: _____

I represent: Dept of Consumer + Worker Protection

Address: 42 Broadway NY NY 10004

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Marie Hickey

Address: Stony Brook Rd Stony Brook 11790

I represent: Downstate NY ADAPT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☒ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: MARY SOMOZA - Parent Advocate

Address: 790 11th AV, NY 10019

I represent: Self Direction Families of New York

Address: 790 11th AV, NY 10019

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0125 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Michael Rina

Address: 8th Ave Brooklyn 11215

I represent: Downstate NY ADAPT

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/6/22

(PLEASE PRINT)

Name: Assembly Member Richard Gottfried

Address: 250 Bowling, suite 2232

I represent: _____

Address: _____

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9-6-2022

(PLEASE PRINT)

Name: Luz Marciano

Address: Clinton

I represent: Home Health Aide

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9/6/2022

(PLEASE PRINT)

Name: Bryan O'Malley

Address: Washington Ave. Albany, NY 12210

I represent: Consumer Directed Personal Assistance Program

Address: same

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0175 Res. No. _____

☐ in favor ☒ in opposition

Date: 9-6-2022

(PLEASE PRINT)

Name: Elizabeth Valdez

Address: Clinton St

I represent: BCID

Address: 25 Elm Pl

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☒ in favor ☐ in opposition

Date: 6 Sep 2022

(PLEASE PRINT)

Name: Vitoria Farella

Address: 225 Bway 2900 NYC

I represent: Democratic District Leader

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 145 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Jessica De la Rosa

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: Jose Hernandez

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☒ in opposition

Date: 09.04.22

(PLEASE PRINT)

Name: HEIDI SIEGFRIED, ESQ

Address: 1010 AVE of AMERICAS, 301 10018

I represent: CENTER for INDEPENDENCE

Address: of the DISABLED, NY

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 175 Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Yefenia Tolstos

Address: _____

I represent: _____

Address: _____

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