



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Ashwin Vasan, MD, PhD
Commissioner

Testimony

of

**Julian Watkins, M.D.,
Assistant Commissioner for the Bureau of Health Equity Capacity Building
and
Celia Quinn, M.D, MPH, Deputy Commissioner for Disease Control**

New York City Department of Health and Mental Hygiene

Before the

New York City Council

**Committee on Health
and**

Committee on Women/Gender Equity

on

Current State of Access to Healthcare for LGBTQIA+ Individuals

and

**Int 66-2022
Int 1074-2023**

June 12th, 2023
New York, NY

Good morning, Chairs Schulman and Cabán and members of the Committee on Health and the Committee on Women and Gender Equity. My name is Dr. Julian Watkins and my pronouns are he and him. I am the Acting Assistant Commissioner for the Bureau of Health Equity Capacity Building at the New York City Department of Health and Mental Hygiene. I am joined today by Dr. Celia Quinn, the Deputy Commissioner for the Division Disease Control.

I am honored to be here today to speak to you about our work to promote wellness, access to health resources and programs, and clinical care for LGBTQIA+ New Yorkers. This is an important health and justice issue about which the administration, led by the Unity Project in the Mayor's Office of Equity, has been engaging agencies over the last year and a half. I am also pleased to let you know that an Executive Order on gender affirming care was issued by Mayor Adams this morning. At the Health Department, we have numerous routine programs and activities designed to serve LGBTQIA+ people. We are also poised to respond to emergent issues impacting these communities, such as the mpox outbreak, which has principally spread within social networks of men who have sex with men (MSM) and transgender, gender non-conforming, and non-binary (TGNCNB) people.

Last summer when New York City became the epicenter of the U.S. mpox outbreak, we stood up mass vaccination sites, launched a communications campaign, and conducted extensive community engagement. Our teams were present at Pride events, circuit parties, sex parties, health fairs, and at over 80 of our safer sex product distribution sites – educating community members about mpox and helping connect them to mpox vaccination sites. We also conducted outreach with safety net clinical partners and, recognizing the importance of trusted messengers, funded community partners to do direct outreach and vaccination navigation. As a result of these efforts, over 100,000 people received at least one mpox vaccine dose, making New York City the jurisdiction with the second highest vaccination coverage for communities at risk for mpox in the United States. As we head into the summer months, we continue to increase our mpox outreach to providers and the public to improve vaccination uptake and completion and to help ensure ready access to mpox testing and other clinical services. Earlier this month, we offered vaccination at Queens Pride and the annual Latex Ball, and we are looking forward to offering mpox vaccination at Bronx Pride and at the NYC Pride March in Manhattan.

The LGBTQIA+ community is disproportionately affected by HIV and other sexually transmitted infections (STIs). For this reason, ensuring access to culturally affirming HIV and STI testing, prevention education and services, and care and treatment is a fundamental component of our ongoing commitment to the health and wellness of LGBTQIA+ New Yorkers. To this end, in 2021, we launched the New York City 2020 Ending the HIV Epidemic Plan, which is the product of a year-long community planning process to develop strategies and key activities for the next phase of our efforts to end the epidemic. The plan guides efforts to design and implement innovative HIV initiatives informed by social and structural determinants of HIV-related health inequities. The plan identifies several priority populations, including Black and Latino MSM and TGNCNB people.

Last year, the Health Department launched PlaySure Network 2.0, a network of 18 agencies funded to provide a comprehensive health package of HIV-related services using an equity-focused, holistic, one-stop shop model. PlaySure Network 2.0 providers offer universal HIV testing; HIV PrEP and emergency PEP; immediate initiation of HIV treatment; STI testing and treatment; outreach and navigation services; and mental health, substance use, and other supportive services. As of last month, PlaySure Network 2.0 providers have served nearly 1,700 LGBTQ New Yorkers in clinical and nonclinical settings across New York City.

The Health Department also funds nine clinics through its Building Equity: Intervening Together for Health (BE InTo Health) initiative to implement evidence-informed HIV care models that support communities most affected by HIV, including five clinics serving Black or Latina cisgender and transgender women with HIV and Black or Latino cisgender and transgender MSM who have HIV. As of last month, BE InTo Health providers have served over 650 people with HIV across nine HIV clinics in New York City.

LGBTQIA+ New Yorkers expect and deserve the highest quality health care services that meet their specific needs, with compassion and cultural competency as a top priority. The Health Department oversees a series of contracts with Callen-Lorde Community Health Center to support comprehensive health services – including primary care, behavioral health care, and sexual and reproductive health care – for uninsured LGBTQIA+ people. Multiple sites field over 2,500 visits annually for services ranging from diabetes and hypertension care to routine vaccinations, cancer screening, mental health counseling, and HIV and STI services. It is crucial that people receive care in environments where they feel seen, comfortable, and at home.

I also want to highlight our own sexual health clinical services, which are offered to patients 12 years and older, regardless of immigration status or ability to pay. Parental consent is not necessary. The Health Department's Sexual Health Clinics are exemplars of safe, affirming, comprehensive sexual health centers. Many LGBTQIA+ individuals frequent our Sexual Health Clinics, which offer testing and treatment for STIs, expanded HIV care offerings, including HIV PrEP and emergency PEP, and JumpstartART initiation of HIV treatment, as well as vaccinations and contraception services. Our innovative services include two Express Clinics, which are fast and easy places for people to get tested for chlamydia, gonorrhea, syphilis, and HIV, with most test results within hours. In addition, these clinics offer patient navigators and social workers who assist patients in enrolling in supportive services, such as substance use treatment and counseling. And we are always working to expand our service offerings to meet our patients' needs. In 2022, our clinics were at the forefront of mpox diagnosis and treatment, and continue to offer these services along with mpox vaccination. Over the last few years, we expanded our contraception services to include intrauterine devices (IUDs) and implants. Last November, we started piloting PrEP continuity of care to enable ongoing clinical services for patients on PrEP, and, in the wake of last year's devastating Supreme Court decision on abortion, we leaped into action and are proud to now offer medication abortion at two of our Sexual Health Clinics.

Recognizing that TGNCNB individuals face unique challenges when it comes to health care access, stigma, discrimination, and other social and economic factors, the Health Department launched the TGNCNB Community Advisory Board, or TCAB, to advise and provide critical feedback on our programming, educational materials, marketing campaigns, and clinical services for TGNCNB New Yorkers. TCAB bridges local government with community to ensure community-informed programming and services that meet the needs of TGNCNB New Yorkers. We are excited to soon release an updated TGNCNB health booklet, which incorporates feedback from TCAB.

We also know how important it is for people to feel – and see – that they are represented. To this end, we ensure that our sexual health marketing campaigns include input from the LGBTQIA+ community and that campaign messages and images are inclusive of a spectrum of sexual orientations and gender identities. The Health Department is preparing to launch our latest campaign in a few weeks, which encourages New Yorkers to take charge of their sexual health and seek sexual health services.

The Health Department's LGBTQIA+ programming also recognizes the unique mental health and substance use needs of the community. We fund Destination Tomorrow and Mount Sinai to implement Psychosocial Support Services for TGNCNB People with HIV, a program through which organizations offer trauma-informed, culturally affirming services, including individualized supportive counseling, linkage to HIV care and treatment services, and referrals to medical and supportive services, including gender-affirming care. As of December 2022, providers have enrolled over 30 clients across two sites. We also recently expanded our Re-Charge harm reduction services for MSM and transgender people who have sex with men, and who use crystal methamphetamine. Apicha Community Health Center and Callen-Lorde Community Health Center programs joined Re-Charge, an HIV status neutral, sex-positive, and non-judgmental program led by Housing Works in providing supportive services addressing substance use and sexual health, mental health, and overall health needs. As of last month, providers have enrolled approximately 85 clients across three sites.

In conjunction with the Mayor's Office of Equity, we are launching The NYC Unity Project's Trauma-Informed Healing Initiative for Pride month. This program is focused on LGBTQIA+ youth, who often face significant mental health disparities on account of discrimination related to their identity. Working with community, the trauma-informed initiative will provide healing workshops; referral pathways; interactive, didactic training sessions; strengthened capacity of the mental health workforce to offer culturally competent services; and trauma-informed best practices and education for allies and support networks.

It is crucial that LGBTQIA+ people know what their rights are when it comes to their health, wellness, and ability to receive appropriate, sex-positive, and culturally affirming care. To this end, the Health Department spearheads and manages the LGBTQ Health Care Bill of Rights, which details health care protections on local, state, and federal levels to empower LGBTQIA+ New Yorkers to get the health care they deserve and reinforces that health care providers and staff cannot provide LGBTQIA+ people with a lower quality of care because of their sexual orientation, gender identity, or gender expression. NYC Health Map, our online service provider directory, features a list of LGBTQIA+ knowledgeable providers who offer primary care, sexual health care, and gender-affirming care.

Before I wrap up, I would like to address the legislation being introduced today.

Regarding Introduction 66, which would require the Health Department to distribute signs on an individual's right to be referred to by a preferred name, title, gender and pronoun to every hospital in the city. We support gender affirming care and signage regarding transgender rights and, as you've heard, we are dedicated to doing this via our LGBTQ Health Care Bill of Rights program. We do not have direct jurisdiction over hospitals in the city, but we're happy to further discuss the intent of the bill to see how we can expand the use of our Bill of Rights.

Regarding Introduction 1074, which prohibits the use of city resources to detain any person for providing gender-affirming care—we want to make clear that New York City is a safe place for people seeking gender-affirming care. We are still reviewing the bill and look forward to discussing with Council. As mentioned earlier, Mayor Adams issued an Executive Order on gender affirming care this morning.

Thank you for the opportunity to speak about the Health Department's efforts to ensure the health and wellness of LGBTQIA+ New Yorkers. We look forward to answering your questions.

Submitted Testimony of Bronx Borough President Vanessa L. Gibson

NYC Council – Joint Meeting of the Committees on of Health and Women and Gender Equity

June 12, 2023

Thank you, Chairs Schulman and Cabán and the members of the Health and Women and Gender Equity Committees for holding this important hearing. As LGBTQIA+ people are under attack across our country, it is imperative that New York City take the lead in protecting this community's access to vital and compassionate medical care. We must be the model for the rest of the nation when it comes to defending the rights of LGBTQIA+ people to access and direct their own care, and we must make New York a welcoming and affirming place for all people in the medical setting.

Transgender people, especially transgender children, have been increasingly targeted by legislation across the country that restricts their access to gender-affirming care. We cannot and should not accept this. New York must take swift action to defend the rights of transgender youth to make their own healthcare decisions. Healthcare decisions should be made by individuals themselves with only the involvement of their medical providers and, if the individual is a child, legal guardians. The government should not interfere in such healthcare decisions. However, in too many states, that is exactly what we are seeing – these regressive state governments are substituting their judgment for that of patients, and doctors.

I am pleased to see Mayor Adams issue an executive order today to protect gender-affirming care in our city and prevent the use of city resources to support investigations from other states into individuals who provide or receive this healthcare. I urge the Council to pass Introduction 1074, which would enshrine this order into city law, as well as Resolution 555, calling on the Governor to sign S2475, which would accomplish a similar goal at the state level. We must act now to protect the rights of transgender youth to seek out the care they need.

Protecting the rights of transgender people to access the care they need is a strong step towards ensuring equity for the LGBTQIA+ community in our city. But we must go beyond merely protecting those rights and help transgender people regularly access comprehensive and compassionate care. This is why Introduction 66 is so important. By collecting information about the services that New York City's hospitals offer and posting it on the website of the Department of Health and Mental Hygiene (DOHMH), transgender New Yorkers will be able to locate where they can go for care and find a welcoming and affirming healthcare setting.

Like all of you, I have been disturbed by reports from our city jails over the past few months about the appalling state of LGBTQIA+ healthcare access, particularly when it comes to transgender-affirming care. I urge the Mayor and DOC Commissioner Molina to ensure that LGBTQIA+ people in Rikers have access to the care they need, are housed according to their gender identity, and have their complaints promptly investigated and responded to.

Beyond gender-affirming care, HIV/AIDS care is also under threat in the United States. A federal judge in Texas ruled last year that the preventive care mandates of the Affordable Care Act were unconstitutional, specifically because providing PrEP – pre-exposure prophylaxis for HIV – violated the religious freedom of

employers. This radical and unfounded ruling, if upheld on appeal, would prevent individuals from receiving evidence-based preventative care and is a violation of sexual and reproductive healthcare rights.

My office has worked diligently on issues surrounding HIV/AIDS in The Bronx. We have revitalized our longstanding HIV Roundtable, which is a coalition of over 100 representatives across agencies, healthcare facilities, and nonprofit organizations in The Bronx working towards ending the HIV epidemic in the Bronx and dismantling inequities and stigma around HIV/AIDS. Since its relaunch in September 2022, the Roundtable has become a framework for building partnerships between service providers, creating policy solutions for issues around HIV, and developing borough-wide initiatives to increase care and education around HIV prevention and management. Beyond this, my office actively supports and participates in related efforts by other city and state agencies, including those of the Bronx End the Epidemic (ETE) Steering Committee, Bronx Knows and New York Knows, Bronx Links, the DOHMH Bureau of Hepatitis, HIV, and Sexually Transmitted Infections, and the New York State AIDS Institute. This past fall, in conjunction with the ETE, our office hosted a one-day anti-stigma conference focused on HIV, mpox, and COVID-19 at Lincoln Hospital. Participants were able to hear from expert panelists and discuss how to reduce stigma towards individuals living with HIV and improve access to care. My office also hosted a World AIDS Day event on December 1, 2022, where we collaborated with local health partners to provide free HIV testing at Fordham Plaza. On that day, I also officially proclaimed December 1st to 7th as “Bronx AIDS Week,” meant to recognize and promote services and health literacy around HIV/AIDS prevention and management. I will continue to work to end the epidemic once and for all through championing prevention and testing and fighting to ensure that every New Yorker with a diagnosis is able to get the healthcare they deserve.

Thank you again for your leadership in holding this hearing today. I look forward to seeing these bills pass, bringing us closer to a city where all people can access the healthcare that they need and deserve.

CALLEN-LORDE

**TESTIMONY BEFORE THE NEW YORK CITY COUNCIL
Joint Committee on Health & Committee on Women and Gender Equity**

June 12, 2023

**Submitted by Kimberleigh Joy Smith, MPA
Senior Director for Public Policy and Advocacy**

Good afternoon, Chairperson Schulman, Chairperson Cabán and members of the Joint Committees on Health, Women and Gender Equity. Thank you for holding this hearing – we share your passion for discussing the current state of access to Healthcare for LGBTQIA+ New Yorkers.

My name is Kimberleigh Smith, my pronouns are (she/her/hers), and I serve as the Senior Director for Public Policy and Advocacy at Callen-Lorde Community Health Center, which provides an affirming environment for patients seeking culturally competent care, who come to our three clinics in Chelsea, the South Bronx and Downtown Brooklyn from over 195 zip codes across the five boroughs of New York City.

As I sit here today, more than 525 anti-LGBT bills have been introduced in 41 states, over 220 of which target transgender and gender non-binary individuals. Additionally, LGBTQ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Our communities face barriers accessing care and often postpone or avoid medical treatment altogether.¹

As we face these unprecedented national attacks on our bodies and our ability to be our whole selves, we must ensure that access to healthcare for the LGBTQIA community in New York remains unobstructed and robust. Callen-Lorde itself was recently targeted by bad actors wishing to spread disinformation about the care and the services we provide. These threats leave our staff and patients feeling unsafe.

For the record, Callen-Lorde supports **Resolutions 0256-2022, 0555-2023, 0591-2023, In 0066-2022**, the City Council's own **Marsha and Sylvia Plan**, as well as Exec Order No. 32.

¹ [The State of the LGBTQ Community in 2020 - Center for American Progress](#), accessed June 2023.

I'd like to share a few additional recommendations we have for the City Council to support and increase access to LGBTQIA care. We will share our full written testimony.

Sexual Health and Access to Care

Callen-Lorde is committed to the collective fight to end the HIV epidemic and expand sexual health services. Our patients are those who historically have lacked appropriate healthcare access and our affirming sexual health services are often a gateway to our primary care services; even during active pandemics. Callen-Lorde is a premiere healthcare center serving New York City and even residents outside of the city. When Mpox cases resurfaced in the U.S in the spring of 2022, we partnered with the DOHMH and administered over a quarter of the total vaccines that were administered in spring and summer of 2022. Additionally, we prescribed the TPOXX treatment to roughly 20% of all New Yorkers who have required it last year. Mpox is still being transmitted at low levels throughout the city and we continue to communicate resources to eradicate Mpox. We urge the **City Council to fund your City DOHMH clinics and to continue to expand and invest in community-based sexual health care.**

In 2022, Callen-Lorde provided comprehensive HIV primary care for more than 3,900 patients, which represents about 23% of our patients. We provided access to PrEP to 5,130 patients and 2,154 patients received treatment for an STI and are one of the state's largest PrEP providers.

With regard to the HIV epidemic: we are making progress, however there is still more work to be done. At Callen-Lorde for example, we are challenged in getting long-acting injectable PrEP. Insurance and administrative barriers cause delays for patients, and we have had to provide staff resources to support. to our patients.

Callen-Lorde is an active and founding member of the City Council-funded End the Epidemic Initiative and we support the ETE's full platform and **join our coalition partners in asking for an increase in funding, for a total of \$11M.**

Additionally, we **urge funding in the amount of \$3.2M for the Trans Equity Initiative and Initiatives that Support Health Care for Sex Workers.** Between 2020-2022, Callen-Lorde saw a 30% increase in the number of TGNB patients seeking care at Callen-Lorde and we only expect this growth to continue.

Extending Access to Care through Telehealth

For our patients – largely LGBTQ, Black, Indigenous and People of Color (BIPOC) beneficiaries of public insurance – health care delivered virtually has been a lifeline, creating and safeguarding critical access to health care during the global COVID-19 pandemic and beyond. Regulatory flexibility enabled Callen-Lorde to be reimbursed

for virtual care at the same level we have been reimbursed for in-person care. This, in turn, allowed us to greatly expand mental health services and provide patients traveling from long distances or who felt unsafe to receive the same high-quality care they received in person virtually. As a result, we've seen a significant decrease in cancellations and no-shows. At the height of the pandemic, 90-95% of Callen-Lorde's behavioral health visits were completed via telehealth. As of the end of Public Health Emergency on May 11, 2023, we are no longer able to receive the appropriate reimbursement and we are unable to sustain the deepened level of services. We urge the New York City Council to support pending state legislation **A.7316/S.6733**. The bill will enable community health centers to be fully reimbursed for telehealth care.

Medicaid Pharmacy Carve-Out and 340B

On April 1st of this year, the Governor and the state department of health implemented the Medicaid pharmacy carve-out, eliminating safety net providers ability to capture revenue from the federal drug discount program 340B. This has resulted in approximately \$167M in lost revenue to New York City-based providers, which represents two-thirds of the total lost revenue in the state. The New York State Department of Health has committed to reinvesting funding into the safety net. We remain cautiously optimistic that the full funding promised will materialize for Callen-Lorde and other safety net providers across New York City and State. We urge the New York City Council to stand with community health and safety net providers to ensure this funding is released this year and going forward.

In conclusion, thank you for your attention to providing barrier-free access to healthcare regardless of your identity, sexual orientation, and or gender expression. To make real progress on improving health outcomes for LGBTQIA+ individuals, New York City must invest in successful programs that move the needle in the right direction and Callen-Lorde continues to be an active partner in this collective fight to end stigma, end the HIV epidemic and end the attacks on our TGNB siblings.

Thank you for the opportunity to testify and for your time and consideration this morning.

For more information, please contact Kimberleigh J. Smith at Ksmith@Callen-Lorde.org or Kyron Banks at KBanks@callen-lorde.org

Access to Healthcare for LGBTQIA+ Individuals

File: T2023-3459 Committee on Health

File #: T2023-3460 Committee on Women and Gender Equity

Council Member: Lynn Schulman, Chair of Health Committee

Thank you, Council Member Schulman. My name is Mbacke Thiam, Housing and Health Community Organizer at Center for Independence of the Disabled, NY. -On behalf of my organization, I strongly support this bill and endorse the work they are doing to improve the life and well-being of the LGBT community through a healthcare that will cover physical and mental treatments. I hope this bill will help our members and consumers who are transgender, have perpetual evaluations, treatments and medications to keep up with their gender identity. I will submit my written testimony for the record.

Thank you,



Mbacke Thiam, He/Him/His

Housing, Health & CAN Community Organizer
Center for Independence of the Disabled in New York (CIDNY)
1010 Avenue of the Americas, Suite 301 New York, NY 10018
P: 646-442-4147 Ext: 4147 C: 917-251-4981 E: mthiam@cidny.org



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**New York City Council Committee on Health and Committee on Women & Gender Equity
Public Hearing: Oversight - Current State of Access to Healthcare for LGBTQIA+ Individuals
June 12, 2023**

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

Located in medically underserved communities, CHCs provide high quality primary care to everyone, regardless of ability to pay, insurance coverage, or immigration status. NYC's community health centers serve more than 1.2 million patients at 490 sites across the city. Community health centers are a vital safety net for quality affordable healthcare services for many New Yorkers who otherwise wouldn't have access to healthcare. CHCs serve populations that, historically, the traditional healthcare system has failed. Among NYC CHC patients, 83% are Black, Indigenous, and People of Color, 92% live at or below 200% of the federal poverty line, 68% are on Medicaid and/or Medicare, and 12% are uninsured.

Community health centers play a vital role as a safety net for the LGBTQIA+ community, offering essential healthcare and social services that enable individuals to make informed decisions about their well-being. It is imperative that New York City invests in and expands programs to meet the needs of the LGBTQIA+ community. By doing so, we can foster a more inclusive and supportive environment where every individual has access to the care they deserve.

Increased investments in primary care are needed to sustain and expand access to care

Increased investments are crucial to sustaining and expanding access to primary care, especially in community health centers. The field of primary care has undergone significant evolution, with the delivery of services today differing greatly from that of two decades ago. Today, comprehensive primary care encompasses a wide range of services, including addressing social needs such as housing, transportation, and food insecurity. Moreover, in alignment with NYC's goal to ending the HIV/AIDS epidemic¹, NYC CHCs have stepped up in their provision of:

- HIV and STI prevention education and risk reduction counseling;
- HIV counseling and testing;
- STI screening, testing, diagnosis, and treatment for STIs;
- Comprehensive Pre-Exposure Prophylaxis (PrEP) and post-exposure prophylaxis (PEP) services; and so much more.

However, greater investments are needed to support this critical work. CHC reimbursement rates have not grown commensurate to the increased role of primary care in solving health and social needs, especially to support NYC's current and future initiatives to increase access to healthcare and services for the LGBTQIA+ community. Costs today for personnel, benefits, equipment, medical supplies, and office space are all significantly higher than decades ago and have risen exponentially since the pandemic. CHCs often cannot adjust staff salaries to adequately compete with better resourced

¹ <https://www.nyc.gov/assets/doh/downloads/pdf/ah/ete-strategy.pdf>



providers due to the stagnation of health center financing, jeopardizing CHCs' ability to retain staff. As such, CHCs are experiencing unprecedented workforce attrition and workforce shortages affecting operations and patient care.

Federal COVID relief dollars helped to stave off some of the impacts of rising costs. The funding allowed CHCs to increase wages to prevent some staff turnover and invest in programs to increase access to care, i.e., through telehealth expansion, creation of new access programs, testing and vaccination campaigns, opening of mobile clinics, pharmacy expansion, and more that have greatly expanded CHCs' reach into communities throughout NYC. However, that funding is now sunseting. The combination of the end of federal COVID relief funding with inflation has rapidly increased the financial strains experienced by CHCs.

Further compounding CHCs' financial challenges is the ongoing Medicaid redetermination process. Across the State, more than 7 million Medicaid beneficiaries will have their eligibility reassessed over the next year. The George Washington University predicts that more than 180,000 of New York's health center patients will lose access to Medicaid.² The Medicaid redeterminations will have widespread impacts on patient access to services and care continuity, especially for our LGBTQIA+ community. According to the Center for American Progress³, the high prevalence of poverty and uninsurance in the LGBTQIA+ community makes Medicaid a critical program for their health and well-being. Consequently, the Medicaid redeterminations have the potential to further destabilize community health centers who will absorb the costs of care when individuals that fall off the Medicaid rolls.

Healthcare workforce shortages are hampering the supply of critical services

Demand for CHC services has increased since the height of the pandemic and are now close to pre-pandemic levels. However, CHCs continue to experience difficulties in meeting demand due to unprecedented health workforce shortages. Behavioral health services are in especially high demand – more so than before the pandemic. Workforce shortages are felt across the board, and CHCs report increasing difficulty in recruiting behavioral health providers, medical assistants, nurses of all levels, dentists, and care team members with non-English language proficiencies.

Significant investment in healthcare workforce is required to ensure that CHCs can continue to provide critical healthcare services like behavioral visits via telehealth, STI screening and treatment, and comprehensive PrEP and PEP services for the LGBTQIA+ community. Workforce investments could include funding for existing workforce programs, developing new loan repayment programs for nursing and behavioral health staff, especially in communities of color, expanding loan repayment programs for individuals living in medically underserved communities, and increasing workforce development opportunities in medically underserved communities and communities of color.

² <https://geigergibson.publichealth.gwu.edu/potential-effect-medicaid-unwinding-community-health-centers>

³ <https://www.americanprogress.org/article/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/>



Barriers to telehealth limit access to healthcare

Telehealth is now a cornerstone of healthcare, providing critical access to healthcare for the LGBTQIA+ community and empowering patients to select the visit type that best suits their needs on a given day or for a given condition. As a result, CHCs have reported seeing fewer no shows for remote visits, especially for behavioral health visits, and predict that patients will continue to request remote visits into the future.

Current law, however, stipulates no Article 28-licensed clinics conducting services via telehealth may bill a facility fee when both the patient and provider are outside of the facility. Pursuant to that law, the Department of Health issued new Medicaid guidance that became effective May 11, 2023 (the end of the Federal Public Health Emergency), requiring CHCs to be reimbursed just one-third of their in-person rate for telehealth visits when neither the patient nor provider are on site. This undermines NYC's goal of advancing health equity and severely restricts access to health services for the LGBTQIA+ community. Lower reimbursement rates for CHCs will make it cost prohibitive to allow providers to work offsite, further preventing CHCs from retaining and recruiting providers that are already scarce and who want the ability to work remotely. CHCs will be forced to reduce the number of behavioral health visits in the primary care setting available to patients, and thereby limit access to critically needed care.

CHCANYS requests the New York City Council's support in ensuring CHCs receive reimbursement parity for services provided via telehealth regardless of modality and patient or provider location. Pending NYS legislation A.7316 (Paulin)/S.6733 (Rivera)⁴ would end the discriminatory practice of paying CHCs lower reimbursement for when neither patient nor provider are onsite. We ask the NYC Council to urge the NYS Legislature and the Governor to enact this legislation to ensure CHCs' ability to continue to provide telehealth services.

Protect Transgender and Gender Nonbinary Youth (TGNB) access to gender affirming care

Gender affirming care, which includes medical, mental health, and supportive services, is essential to the mental health and overall well-being of young people. Research has revealed the consequences of prohibiting or denying gender affirming care, including depression, eating disorders, and self-harm.⁵ Alarming statistics from The Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health highlight the gravity of the situation, showing that 45% of LGBTQ youth seriously contemplated suicide. However, access to gender affirming care is currently under threat across the nation, with an increasing number of states proposing or enacting legislation that not only prohibits but criminalizes such care. These restrictions exacerbate the already existing barriers that TGNB youth face, ranging from stigma and discrimination to insufficient insurance coverage. These states even go as far as to criminalize the guardians and healthcare providers who are supporting TGNB youth in their journey to receive essential care. Consequently, it is paramount that New York City enact policies to ensure that TGNB youth can access the care they need safely and without fear of retribution.

⁴ <https://www.nysenate.gov/legislation/bills/2023/S6733>

⁵ <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255>



Expand access to PrEP and PEP

PrEP and PEP are important tools for preventing the spread of HIV. PrEP is one of the most effective tools for combatting the spread of HIV/AIDS. According to the Centers for Disease Control, PrEP reduces the risk of getting HIV from sex by about 99% and reduces the risk of getting HIV from injection drug use by at least 74%.⁶ PEP is effective at stopping HIV infection after a high-risk exposure if started within 72 hours of exposure.⁷ The efforts to end the HIV epidemic are working. According to the latest data, the number of persons newly diagnosed with HIV in New York State has decreased 51% from 2011 to 2020 (3,971 to 1,933).⁸ However, more can be done to end the HIV/AIDS epidemic once and for all. New York City can do this by ensuring all New Yorkers have access to free PrEP and PEP regardless of insurance status or immigration status.

Conclusion

CHCANYS is grateful for the opportunity to submit this testimony to highlight the need to invest in and expand programs that empower the LGBTQIA+ community to make informed health choices. For questions or follow up, please contact Marie Mongeon, Vice President of Policy, mmongeon@chcanys.org.

⁶ [Pre-Exposure Prophylaxis \(PrEP\) | HIV Risk and Prevention | HIV/AIDS | CDC](#)

⁷ [Post-Exposure Prophylaxis \(PEP\) | HIV Risk and Prevention | HIV/AIDS | CDC](#)

⁸ [New York State HIV/AIDS Surveillance Annual Report 2020 \(ny.gov\)](#)



Advancing the Lives of all LGBTQI New Yorkers & Their Families

June 12, 2023

NYC City Council, Committee on Health Oversight - Current State of Access to Healthcare for LGBTQIA+ Individuals

Equality New York (EQNY) Testimony

I would like to start by thanking the Committee on Health for holding this much needed hearing. My name is Melissa Sklarz and I am the Government Relations Liaison at Equality New York (EQNY), the only statewide advocacy organization working to advance equality and Justice for all LGBTQI New Yorkers and their families. Our responsibilities to our community include organizing, lobbying, advocating, training, and educating, both within our communities and among stakeholders statewide.

I am here to discuss access for LGBTQI health in New York City. LGBTQI people are more likely to experience certain health-related challenges and disparities. For example, LGBTQI adolescents are especially at risk for being bullied, which can contribute to suicidal ideation and increased likelihood of substance use. These factors increase the use of health care facilities. Further, racial bias in healthcare affects queer New Yorkers as dramatically as it does others, whether discussing STD, drug use, or reproductive care.

Thus, the need for culturally competent care can be lifesaving. We call on the Committee of Health to fund LGBTQI culturally competent care training and education in physical and mental health facilities.

Our goal at EQNY is to support improving the health and well-being of all LGBTQI people through addressing systemic problems. Our local and statewide organizing is resulting in community empowerment both here in the city and elsewhere. It is essential to partner with existing institutions to provide background from our perspective as our

Equality New York was a leader in providing science-based information on New York City's MPOX outbreak over the last year. We used our limited resources to guarantee that our populations knew exactly what the problem was, how the virus was spread, what the solutions were, and where to find them.

Through the MPOX crisis, we heard from hundreds of LGBTQI New Yorker's who did not feel safe or welcomed in local NYC clinics and hospitals. Many reported experiencing stigma, mis-information and uncomfortable interactions with healthcare professionals.

We took a lead on MPOX because EQNY remembers the cynical tragic response to HIV/AIDS here in the City and the disjointed politicized response to COVID and we were committed to ensure the same did not happen with MPOX. While we prepare for a potential second spike in MPOX this summer, we must provide training and education to health care providers on how to serve LGBTQI New Yorkers.

Recent studies and reports issued by the National Institute of Health (NIH)* and the Center for Disease Control (CDC)** have been useful in helping us better understand the needs of our LGBTQI New Yorkers. Paired with our statewide partnerships with institutions such as Callen Lorde, the Damien Center, Harlem Hospital, Exponents, and Amida Care, we know that hospitals and clinics are not fully equipped to serve our LGBTQI New Yorkers.

This is why we are asking you all to fund LGBTQI culturally competent care training and education in physical and mental health facilities.

Contact:

Melissa Sklarz, Government Relations

Email: melissa@equalityny.org

Phone: 347-886-7961

*National Institute of Health (NIH): <https://dpcpsi.nih.gov/sgmro>

**Center for Disease Control (CDC) <https://www.cdc.gov/lgbthealth/index.htm>

Testimony re: Current State of Access to Healthcare for LGBTQIA+ Individuals

Committee on Health and Committee on Women and Gender Equity

Submitted by:

Francesca Perrone, Policy Analyst at Hispanic Federation

June 14, 2023

Thank you, Chair Schulman and Chair Caban, and all other committee members, for allowing me to present this testimony on behalf of the Hispanic Federation; a non-profit organization seeking to empower and advance the Hispanic community, support Hispanic families, and strengthen Latino institutions through direct service programs and legislative advocacy. Today, I am presenting on the current state of access to healthcare for LGBTQIA+ individuals in New York, and how New York City can improve health outcomes.

Background

Over 1 million individuals identify as LGBTQIA+ in New York, with Latinos making up 10% of the LGBTQIA+ population in our state.¹ Hispanic Federation (HF) is committed to protecting and expanding the rights of the Latinx LGBTQIA+ community. As a wave of anti-LGBTQ+ legislation sweeps through the nation, we have ramped up our efforts to challenge these policies and are taking steps to strengthen the Latinx LGBTQ+ nonprofit networks that serve as critical lifelines for our communities. Hispanic Federation seeks to celebrate the rich contributions of Latinx LGBTQIA+ individuals to society and tackle these disparities by supporting legislation that protects and uplifts the LGBTQIA+ community, with programmatic efforts, and by funding and supporting organizations that have deep ties to the Latinx LGBTQIA+ community. Below are just some of the work Hispanic Federation engages in to serve the LGBTQIA+ community.

In June 2022, Hispanic Federation launched the Advance Change Together (ACT) Initiative, a much-needed Latinx LGBTQIA+ advocacy and capacity building initiative that empowers and supports organizations working on the front lines to protect and serve Latinx LGBTQIA+ communities. So far, our initial \$1 million investment has supported 25 Latinx LGBTQIA+ nonprofits from 10 states with grants of up to \$50,000. The funds strengthen these organizations' advocacy efforts, services, and infrastructure to better serve Latinx LGBTQIA+ communities. The ACT Initiative also hosts convenings and capacity building training to support our grantees.

Access to Health Services for the Latinx LGBTQIA+ Community

¹ https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf

Latinx members of the LGBTQIA+ community continue to bear the brunt of health disparities. LGBTQIA+ individuals are more likely to experience heart disease, certain cancers, substance abuse, suicide attempts, and sexual practices that place them at higher risk for health complications.² Our network of CBOs and community members have identified that there are a multitude of sociocultural factors that contribute to negative outcomes on the health and wellbeing of Latinx LGBTQIA+ individuals. Members of the LGBTQIA+ community are more likely to face stigmatization that is rooted in machismo, homophobia, misogyny, and religious dogma. This stigmatization often results in individuals deciding to conceal critical information from health providers, which can lead to poor health outcomes because individuals may miss out on necessary care. Moreover, many individuals may not access care due to medical distrust, institutionalized racism and bias, and lack of knowledge as to where to receive appropriate services.³ For instance, gender affirming resources and health services remain scarce and taboo, especially in communities outside of New York City, and access to screening and treatment services for HIV or other sexually transmitted diseases may be severely limited or compromised due to concerns about receiving culturally sensitive and appropriate care.

Recommendations

Increase availability of services specific to LGBTQIA+ communities: This includes culturally and linguistically sensitive health care services, preventative services such as PrEP, and coverage of gender affirming services via a supportive healthcare system. In addition, public education needs to be expanded to increase awareness of existing LGBTQIA+ resources. There is a strong need for culturally and linguistically robust services for Latinx members of the LGBTQIA+ community to combat mistrust and stigma that is faced by the community. We encourage New York City Council to partner with Community Based Organizations to distribute services to the community. CBOs have strong connections to the individuals they serve and are trusted sources of information and support.

Increase Education/ Awareness Campaigns: It is important that individuals are made aware of their rights as patients, as well as know where they can access health services. Thus, we encourage the City Council to pass Int. No. 66 and Int. No. 1074, as they both educate the community as to where they can access health services, and their rights as patients. Information should be relayed in a multitude of languages to ensure that individuals are not left in the shadows.

Increase Access to Mental Health Services: Research shows that LGBTQ+ populations of all ages disproportionately experience more instances of poor mental health outcomes compared to their heterosexual and cisgender peers. Providing culturally competent mental health services can make an important difference in treatment for members of the LGBTQIA+ community. We encourage the City to bolster mental health services that are culturally and linguistically appropriate for all members of the LGBTQIA+ community.

² <https://ilhe.org/wp-content/uploads/2022/12/nys-hispanic-health-action-agenda-2022-1.pdf>

³ https://health.ucdavis.edu/newsroom/pdf/latino_disparities.pdf

Conclusion

Thank you for this opportunity to testify on behalf of the LGBTQIA+ Community and Latinos in New York. It is critical the City works to ensure all LGTBQIA+ individuals have access to equitable services to feel safe in their communities. The host of bills being introduced in this hearing signal that New York City is a safe haven for individuals to receive essential medical services. Hispanic Federation appreciates the opportunity to lend its voice and insights to ensure that everyone has access to robust healthcare services.

NYLPI

**JUSTICE THROUGH
COMMUNITY POWER**

New York Lawyers for the Public Interest
151 West 30th Street, 11th Floor
New York, NY 10001-4017

Testimony of Arielle Wisbaum, Health Justice Staff Attorney, New York Lawyers for the Public Interest Before the New York City Council’s Committees on Women and Gender Equity and Health

June 12, 2023, Oversight:
Current State of Access to Healthcare for LGBTQIA+ Individuals

My name is Arielle Wisbaum, and I am a staff attorney at New York Lawyers for the Public Interest (NYLPI). I work in NYLPI’s UndocuCare TGNCI+ program, a program striving to ensure that immigrant New Yorkers who are transgender, gender-nonconforming, intersex (TGNCI), or who are living with HIV can [obtain and sustain access to gender-affirming healthcare, HIV care](#), and housing through immigration legal advocacy.¹ At the outset, we want to thank the City Council for its leadership in defending the human rights of LGBTQIA+ immigrants, including through funding the Immigrant Health Initiative. NYLPI has been a long-time recipient of this funding and we see an increasing need this coming Fiscal Year. We strongly encourage the LGBTQIA+ Caucus and the entire City Council to enhance this initiative so that more new New Yorkers can be reached. Additionally, I also want to thank you for the opportunity to present testimony about some of the barriers that the community members we work with experience and how New York City can better respond to their needs. Our testimony today is informed by our clients’ experiences.

A significant number of the immigrant LGBTQIA+ New Yorkers we work with are seeking asylum and have survived extraordinary violence and persecution in their lives merely for expressing their true gender or sexuality—for existing. Those in need of gender-affirming healthcare in their home countries often did not have the opportunity to seek this crucial care due to safety concerns, or it was simply unavailable to them; and those in need of HIV medication frequently encountered discriminatory denials of healthcare, exacerbating their medical conditions. The violence these asylum seekers have endured in their lives often leaves them with trauma related symptoms such as posttraumatic stress disorder (PTSD), Major Depressive Disorder (MDD), and severe Anxiety. For these reasons, immediate access to gender-affirming healthcare for LGBTQIA+ asylum seekers, including mental healthcare, is a necessity.

Upon reaching the United States, LGBTQIA+ asylum seekers and those living with HIV may choose New York City as their destination due to its reputation of having community support networks and healthcare access. However, several barriers continue to stand in the way

¹ The Center for Urban Pedagogy and New York Lawyers for the Public Interest, *Healthcare is For You!*, <https://www.nylpi.org/undocare-cup-resource-launch-healthcare-is-for-you/>.

of asylum seekers needing this care, including funding cuts to Safety Net Providers that offer critical care to immigrant New Yorkers, regardless of their immigration or insurance status, and staffing and training issues at New York City's Department of Social Services/Human Resources Administration (HRA).

New York must act to truly earn its reputation of being a safe place for all LGBTQIA+ community members. NYLPI supports several of the items on today's agenda which move our City and State in this direction, including Res. 591, in Support of Legislation to Protect New York State's Safety Net Providers and Special Needs Plans, Res. 555, Protecting Access to Gender-Affirming Care in New York State and Combating Policies of Other States, Int. 1074, Prohibiting the use of City resources on restrictions on gender affirming care, and Int. 66, Amending the Administrative Code for Signage Regarding Transgender Rights and Services at Hospitals. Today, I am here to address why NYLPI stands in support of the aforementioned mentioned bills and resolutions, and to highlight the immediate need to strengthen New York City's Department of Social Services/Human Resources Administration (HRA) to better meet the needs of LGBTQIA+ asylum seekers.

The City Must Support Funding Protections for Safety Net Providers, Which Offer Lifesaving Care to TGNCI Immigrant New Yorkers, Regardless of Immigration Status

NYLPI supports the Committee's Resolution calling on the New York State Legislature to reverse the Medicaid pharmacy carve-out and to preserve the 340B Drug Discount Program. This support comes in recognition of the catastrophic impact that this ill-conceived carve-out has on health services for LGBTQIA+ individuals and people living with HIV.

Health disparities are compounded for immigrant New Yorkers in the LGBTQIA+ community who may be undocumented and/or uninsured.² Safety Net Providers offer critical care that members of this community would not otherwise receive. For example, a majority of NYLPI's clients who are transgender immigrant New Yorkers receive gender-affirming healthcare from the Transgender Family Program at Community Healthcare Network (CHN). CHN is a Federally Qualified Healthcare Center and Safety Net Provider that serves immigrant LGBTQIA+ community members regardless of their insurance status, immigration status or ability to pay. CHN provides gender affirming medical treatment such as Hormone Replacement Therapy to immigrant community members before they may qualify for New York State Medicaid. CHN additionally provides crucial support to LGBTQIA+ asylum seekers by frequently coordinating with immigration attorneys to draft letters of support, mental health evaluations, and gender verification documentation that are key pieces of evidence in immigration court and at the asylum office.

Unfortunately, the loss of 340B savings has a devastating impact on Safety Net Providers like the Transgender Family Program at CHN. Immigrant LGBTQIA+ community members that Safety Net Providers serve could be deprived of services such as low cost or free medications,

² NYLPI appreciates the Council's resolution in support of the Coverage For All bill, which would give all low-income New Yorkers access to basic health insurance regardless of immigration status and which would create substantial cost savings and economic benefits for New York City and State.

transportation vouchers, care coordination for HIV, and transitional housing placements or referrals. **Fighting to protect Safety Net Providers is most certainly an LGBTQIA+ and immigrant justice issue, and NYLPI appreciates the Council’s efforts to join in this fight.**

The City Must Invest More Resources In HRA, Which Lacks Sufficient Capacity and Training to Meet The Needs Of LGBTQIA+ Asylum Seekers

New York City’s Local Department of Social Services/Human Resources Administration (HRA) helps more than three million New Yorkers annually through the administration of more than twelve major public assistance programs, including Medicaid for those living with a disability and New York City’s HIV/AIDS Services Administration (HASA). This is a significant task, and yet, time and time again, HRA has demonstrated itself ill-prepared to properly administer such programs for immigrant New Yorkers. **HRA’s staffing issues and diversion tactics, both of which create barriers to accessing vital services, can be addressed with enhanced training for HRA employees, and increased funding that ensures sufficient staffing.**

Immigrant New Yorkers who are “Permanently Residing Under Color of Law” (“PRUCOL”) may qualify for New York State-funded benefits such as state Medicaid and Safety Net Assistance.³ However, between January 2022 and April 2023 alone, a significant number of transgender and gender-nonconforming asylum seekers that NYLPI represents or has conducted immigration screenings for have encountered wrongful denials of benefits that they already qualify for, including denials of New York State Medicaid,⁴ and Public Assistance via HASA—a program which includes rental assistance for people living with HIV.

The laws around public benefits and immigration are highly complex and hard to reconcile, understandably making it difficult for immigrant New Yorkers to understand what benefits they are eligible for and how to obtain them. Exacerbating this issue is the fact that HRA employees reviewing benefits applications may engage in the process of “diversion,” whereby a city employee illegally discourages or deters immigrant New Yorkers from applying, even in ways so subtle as to ask for a green card or social security number when such documents are not required.⁵ Compounding this issue, transgender and gender-nonconforming asylum seekers may encounter discriminatory diversion tactics from HRA employees who do not follow protocol to ensure a person’s chosen name or correct gender marker are on record with HRA.

Since January 2023 alone, NYLPI has taken note of several diversion practices by HRA employees and has advocated for LGBTQIA+ immigrant New Yorkers in these circumstances.

³ 18 N.Y.C.R.R. § 360-3.2(j)(ii); § 370.2(c)(6)(vii).

⁴ Footnote 2, *supra*.

⁵ See also New York Lawyers for the Public Interest. “FAQ: Health Insurance and Immigration Status,” NYLPI, <https://www.nylpi.org/wp-content/uploads/2022/12/FAQ-Health-Insurance-and-Immigration-Status-in-New-York.pdf>.

Even for asylum seekers who can already demonstrate their PRUCOL eligibility, these diversion practices have included:

1. Requiring that asylum seekers be granted a change of the immigration court's venue prior to approval of benefits – not a determinant of PRUCOL eligibility;
2. Requesting a social security number – not a determinate of PRUCOL eligibility;
3. Requiring proof that an asylum application has been filed, even where an asylum seeker may already be PRUCOL-eligible via a different immigration status, such as humanitarian parole;
4. Requiring an evaluation and written "PRUCOL letter" from an immigration attorney that states whether the asylum seekers is PRUCOL-eligible, despite clear instructions that the adjudication of benefits must be based on documentation from a federal immigration agency.

Further, in the last two months alone, NYLPI has represented two asylum seekers who, although already able to establish PRUCOL eligibility, have been denied a HASA caseworker. They were told this denial was due to staffing issues.

Such staffing issues and diversion tactics are harmful, exacerbate the trauma asylum seekers face, and are contrary to local law. For transgender and gender-nonconforming asylum seekers who may qualify for HASA, wrongful denials of Medicaid and HASA assistance delay crucial gender-affirming care and unnecessarily prolong stays in the Department of Homeless Services' shelter system, which although committed to improving, at this time, continues to lack gender-affirming spaces and fails to protect transgender and gender-nonconforming people from hate crimes. **The City must ensure that HRA is sufficiently staffed, and its employees are properly trained so that asylum seekers do not continue to experience harmful barriers to accessing healthcare and housing.**

NYLPI Supports Int. Nos. 1074 and 66, and Res. 555, Which Will Protect and Facilitate Access To Gender-Affirming Healthcare For TGNCI Individuals

Informed by our clients' experiences, NYLPI supports legislation that will prevent discrimination in healthcare settings, and that will protect those accessing and providing gender-affirming healthcare in New York State. Nearly half of transgender people – and 68% of transgender people of color – reported having experienced mistreatment at the hands of medical providers, including refusal of care and verbal or physical abuse.⁶ Discrimination can then prevent people from seeking future care, including by postponing or not getting necessary medical care for fear of discrimination. NYLPI supports Int. No. 66, requiring the Department of Health and Mental Hygiene (DOHMH) to distribute signs on an individual's right to be referred to by a chosen name, title, gender and pronoun to every hospital in the city. This signage can

⁶ Medina, Santos, Mahowald, *Protecting and Advancing Health Care for Transgender Adult Communities*, Center for American Progress (August 18, 2021).

combat discrimination in healthcare settings and empower transgender and gender-nonconforming patients to advocate for their rights in these scenarios.

Finally, as unfortunate attacks on gender-affirming healthcare and the very existence of trans and gender-nonconforming people spread throughout the United States, it is all the more important that New York State serve as a safe haven for people seeking this care. NYLPI supports Res. 555, calling on the Governor to immediately sign into law S.2475, supporting the livelihoods of TGNCI asylum seekers who choose to make New York their final destination in hopes that their access to gender-affirming care will be protected.

Conclusion

Once again, we thank the Committees on Health and Women and Gender Equity for convening this critical oversight hearing. We appreciate the opportunity to present testimony today on behalf of our LGBTQIA+ clients who are seeking asylum and deserve access to vital services like gender-affirming healthcare and housing.

We hope the issues we have identified above will help inform the committees' advocacy in the coming months, and we welcome the opportunity to discuss the barriers we have identified and the recommendations we have included in this testimony. With the support of the Council's Immigrant Health Initiative, we look forward to continuing our work to improve LGBTQIA+ immigrant New Yorkers' access to healthcare for new arrivals and long-time New Yorkers alike. **Health is a human right.**

Arielle Wisbaum, Esq.
Staff Attorney, Health Justice
New York Lawyers for the Public Interest
151 West 30th Street, 11th floor
New York, NY 10001
awisbaum@nylpi.org

NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.

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

Planned Parenthood of Greater New York’s Testimony for the Committee on Health Oversight Hearing Current State of Access to Healthcare for LGBTQIA+ Individuals

June 12th 2023

Good morning. My name is Elle Bemis and I am a LGBTQ+ Health Navigator at Parenthood of Greater New York (PPGNY). Thank you to the chair of the Committee on Health, Lynn Schulman, and the chair of the Committee on Women and Gender Equity, Tiffany Cabán, for convening this important hearing on healthcare access for LGBTQIA+ individuals. This hearing is especially important given the brewing anti-LGBTQ+ sentiment throughout our country.

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

PPGNY proudly provides comprehensive health care at all five of our New York City health centers and targeted engagement programming to the LGBTQ+ community. We recognize that for LGBTQ+ people, access to health care has historically been out of reach and steeped in stigma and discrimination. LGBTQ+ people have been forced to live on the margins with limited access to compassionate, affordable, and comprehensive health care. Transgender and nonbinary individuals often face overt discrimination in health care settings. According to a study by the National LGBTQ Task Force and the National Center for Transgender Equality in New York State, regarding health care access, 17% of respondents said they were refused care because of their identity; almost a third said they delayed seeking care due to fear of discrimination.¹ Nationally, the TGNC unemployment rate is two-times that of the general population, and for

¹ ISSUES IMPACTING TRANS AND GENDER NON-CONFORMING NEW YORKERS: FACT SHEET. (2014). Retrieved November 26, 2019, from <https://maketheroadny.org/wp-content/uploads/2018/02/Trans-Forum-Fact-sheet-ENG.pdf>.

TGNC folks of color that number is even higher.² The experience is even more dire in New York State with 74% of survey respondents stating that they have been discriminated at work, 37% percent indicating that they were passed up for promotions, and 36% said they were not even considered for employment due to their identity expression.³

Recent attacks on gender-affirming health care nationwide have caused many transgender people to choose to or be forced to go without health care. As a result, many treatable or preventable medical conditions too often become emergency medical issues.⁴ It's imperative that New York remains a safe haven for folks seeking care. We applaud The Council for taking these important steps in securing protection and access to marginalized communities who deserve access to quality nonjudgmental care.

The queer community has been faced with a series of threats to their right to adequate health care. Despite this reality, PPGNY is committed to providing care to all no matter the circumstance. At PPGNY, LGBTQ+ health care is paramount, and we remain dedicated to providing inclusive, affirming health care. We are committed to fostering safe spaces, promoting access to gender-affirming care, and advocating for the rights and well-being of the LGBTQ+ community. PPGNY provides the full range of sexual and reproductive health care services that includes gynecological care, STI treatment and testing, contraception care, cancer screenings, and LGBTQ+ health care at all five of our NYC health centers. PPGNY offers trans/nonbinary care to all via telehealth and in the Brooklyn, Queens, and Manhattan health centers. In 2022, over 1,400 patient visits were conducted for gender affirming hormone therapy.

Although the cost of medications associated with this care can be burdensome, even for those who are insured, we have a sliding scale system that helps offset these costs for the patient. We approach this care with a culturally competent model to ensure the patients feel welcome and taken care of. We have patient navigators, who are individuals from the TGNC community, to guide our TGNC patients to comprehensively access care at PPGNY health centers, build relationships with partner organizations, and raise awareness of our culturally competent care throughout communities in need.

Another program that allows us to continue offering healthcare services to vulnerable New Yorkers is Project Street Beat (PSB). For over 30 years, our PSB mobile health center has provided targeted outreach and services to communities most in need through our mobile health

² ISSUES IMPACTING TRANS AND GENDER NON-CONFORMING NEW YORKERS: FACT SHEET. (2014). Retrieved November 26, 2019, from <https://maketheroadny.org/wp-content/uploads/2018/02/Trans-Forum-Fact-sheet-ENG.pdf>.

³ ISSUES IMPACTING TRANS AND GENDER NON-CONFORMING NEW YORKERS: FACT SHEET. (2014). Retrieved November 26, 2019, from <https://maketheroadny.org/wp-content/uploads/2018/02/Trans-Forum-Fact-sheet-ENG.pdf>.

⁴ What It's Like Being Transgender in the Emergency Room. March 19, 2018. Retrieved from [New Study Shows Why Transgender Patients Avoid Emergency Rooms \(nationalgeographic.com\)](http://nationalgeographic.com).

center and our PSB offices in the Bronx and Brooklyn. PSB currently provides services in the Bronx, Brooklyn, Northern Manhattan and Queens.

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

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

PPGNY continues to be committed to ensuring that all New Yorkers in the LGBTQ+ community receive the care they need. PPGNY commends the Council for advocating for adequate health care for everyone, especially marginalized communities, to ensure everyone is receiving the healthcare they deserve. We look forward to working with the council to ensure healthcare access to all.

Thank you.

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Planned Parenthood of Greater New York (PPGNY) is a leading provider, educator, and advocate of sexual and reproductive health care in New York State. PPGNY offers a wide range of services at its 23 locations across 65% of NYS - including gynecological care; birth control; cancer screenings; pregnancy testing; STI testing and treatment; HIV prevention, testing, and counseling; transgender hormone therapy; and vasectomy. PPGNY is also proud to provide abortion services to anyone who needs compassionate, non-judgmental care. PPGNY is a trusted source of medically-accurate, evidence-based information that allows people to make informed decisions about their health and future. As a voice for reproductive freedom, PPGNY supports legislation and policies that ensure all New Yorkers have access to the full range of reproductive health services and education.



**Testimony to the New York City Council's Committee on Health
Jointly with the Committee on Women and Gender Equity**
Oversight Hearing: Current State of Access to Healthcare for LGBTQIA+ Individuals

June 12, 2023

Delivered by:

MJ Okma

Senior Manager of Advocacy and Government Relations at SAGE

Good afternoon, Chair Shulman, Chair Cabán, and members of the New York City Council Committee on Health and Committee on Women and Gender Equity. Thank you for your leadership and the work of your staff and the committee staff for bringing together this important oversight hearing on the current state of access to healthcare for LGBTQIA+ individuals here in New York City. My name is MJ Okma, and I am the Senior Manager of Advocacy and Government Relations at SAGE, the country's first and largest organization dedicated to improving the lives of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) elders and older people living with HIV.

New York State ranks among the top 10 states in terms of the percentage of its population that identifies as LGBTQ+. Of the estimated 800,000 LGBTQ+ adults in New York State, nearly one-third (28%) are over the age of 50.ⁱ The population of LGBTQ+ older New Yorkers is only expected to grow as the population ages and by 2030, one in five New Yorkers will be over the age of 60.ⁱⁱ Additionally, 60% of New Yorkers living with HIV are over the age of 50.ⁱⁱⁱ

While our city's population of older LGBTQ+ people and elders living with HIV is growing, they face unique barriers to access to healthcare. With the surge of and anti-transgender laws and policies are being introduced and implemented across the country, the health and well-being of transgender people—including transgender and gender nonconforming elders—are in particular jeopardy.

LGBTQ+ people face health challenges that are often the result of stigma and overt discrimination.^{iv} In reviewing what we know about the health of older LGBTQ+ New Yorkers, there is significant evidence of elevated risk of preventable illness, injury, and death. LGBTQ+ people, especially transgender and bisexual community members, are also more likely to be victims of violence, including hate crimes and intimate partner violence that lead to direct and indirect health consequences.^v

LGBTQ+ New Yorkers over age 50 report frequent mental distress (17%), probable depression (13%), and frequent poor physical health (14%).^{vi} And transgender New Yorkers of all ages are nearly 50% more likely to report being in fair or poor health when compared to non-transgender respondents.^{vii}

At the same time LGBTQ+ elders experience these aggravated health and related social-economic disparities in comparison to the general population of older people, they are less likely to go to the doctor or seek assistance because they fear discrimination or have experienced discrimination.^{viii} Even when seeking healthcare, many any LGBTQ+ elders report that their primary healthcare providers do not know about their sexual orientations, and feel reluctant to discuss their sexual orientations and gender identities for fear of being judged or receiving inferior care. According to a survey conducted by SAGE with Harris Poll, 40% of LGBTQ+ older respondents 60+ reported that their healthcare providers didn't know about their sexual orientation.^{ix}

Transgender elders fear that they will experience limited access to healthcare and be denied medical treatment as they age. Nearly half of transgender older people (44%) feel that their relationships with other healthcare providers—such as hospital or nursing home staff— would be adversely affected because of their gender identity.^x Additionally, two-thirds of transgender older people (65%) feel that there will be limited access to healthcare as they grow older and more than half (55%) feel that they will be denied access to gender affirming care because of their age.^{xi}

New York State is also home to the highest population of older people living with HIV, followed by California and Florida.^{xii} Due to medical advances, approximately 60% of people living with HIV in the U.S. are now over the age of 50 with that number expected to reach over 70% by 2030.^{xiii} Concurrently, in 2021 17% of new HIV diagnosis in NYC were of New Yorkers aged 50+.^{xiv} The combination of living with HIV creates greater risk of developing comorbidities. Among older people living with HIV, common comorbidities include certain cancers (lung, anal, oral, Hodgkin's lymphoma), cardiovascular diseases, fractures, and hepatitis C.^{xv} In addition, over 50% of older people living with HIV show signs of HIV associated neurocognitive problems, ranging from asymptomatic to HIV-associated dementia.^{xvi}

High healthcare care costs are also a major barrier to healthcare. LGBTQ+ New Yorkers of all ages cite a lack of personal financial resources (37%) and inadequate insurance coverage (23%) as the most significant structural barriers to healthcare.^{xvii} High costs are especially a barrier for accessing medications, such as pre-exposure prophylaxis (PrEP), a daily medication used to prevent HIV. Nearly one third of LGBTQ+ older people live at or below 200% of the federal poverty level, compared to a quarter of non-LGBTQ+ people. Poverty rates are even higher for LGBTQ+ older people of color, those aged 80 and older, bisexual older people, and transgender older people.^{xviii} Data from Ryan White HIV/AIDS program participants illustrates the fragile economic status of many older livings with HIV with 57% of men, 71% of women, and 74% of transgender participants living in poverty.^{xix} These high levels of poverty are directly related to low levels of employment which limits access to healthcare.

SAGE recommends the following concrete steps to improve LGBTQ+ elders and older New York's Living with HIV access to safe and affirming healthcare:

- Require LGBTQ+ cultural and clinical competency training for health care providers in City health care settings and community health care centers.
- Ensure a range of City-funded and City contracted LGBTQ+ welcoming programs and services through continued support of existing LGBTQ+ affirming older adult centers and the establishment of more LGBTQ+ welcoming older adult centers.

- Expand robust programs and services that comprehensively address the physical, mental health, and overall quality of life of older individuals living with HIV.
- Increase HIV testing rates among older adults by implementing enhanced and intensified efforts including the development of targeted HIV prevention campaigns that specifically cater to the unique needs of older adults and best practices for LGBTQ+ inclusive sexual health and wellness programming at Older Adult Centers.
- Pass Int. 0564-2022 to establish a commission on LGTBQIA+ older adults within the department for the aging to identify challenges, share best practices, and develop expert recommendations on ways to improve the quality of life of older LGBTQ+ New Yorkers.

SAGE also strongly supports the New York City Council LGBTQIA+ Caucus' Marsha and Sylvia Plan which includes needs reforms around both health and older adults.

Thank you, Chair Shulman, Chair Cabán for your leadership and the opportunity to testify. SAGE values our partnership with the New York City Council and looks forward to working with you and your offices to continue to support LGBTQ+ elders and older New Yorkers living with HIV.

MJ Okma, Senior Manager for Advocacy and Government Relations, SAGE
mokma@sageusa.org

ⁱ AARP NY and SAGE, [Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+](#) (2021)

ⁱⁱ LiveOn NY and Hunter College Brookdale Center for Healthy Aging, [Aging is Everyone's Business: Policies for Building a New York for All Ages](#) (2021)

ⁱⁱⁱ Turrini et al. [Assessing the health status and mortality of older people over 65 with HIV](#) (2020)

^{iv} AARP NY and SAGE, [Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+](#) (2021)

^v Sarah M. Peitzmeier et al. "[Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates](#)," American Journal of Public Health 110, no. 9 (2020):

Lynn A. Addington [Bisexual Women and Intimate Partner Violence](#), The Gender Policy Report (2019)

^{vi} AARP NY and SAGE, [Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+](#) (2021)

^{vii} Id.

^{viii} Movement Advancement Project, [LGBT Older People & COVID-19 Addressing Higher Risk, Social Isolation, and Discrimination](#) (2020)

^{ix} Robert Espinoza, [Out and Visible: The Experiences And Attitudes of LGBT Older Adults, Ages 45-75](#), SAGE and Harris Polls (2014)

^x Id.

^{xi} Id.

^{xii} Mark Brennan-Ing, PhD "[Emerging Issues in HIV and Aging](#)"(2020)

^{xiii} Gilead Sciences, "[HIV Age Positively® 2021 Progress Report](#)" (2021)

^{xiv} New York City Department of Health and Mental Hygiene, [HIV Surveillance Annual Report 2021](#) (2021)

^{xv} Mark Brennan-Ing, PhD "[Emerging Issues in HIV and Aging](#)"(2020)

^{xvi} Id.

^{xvii} AARP NY and SAGE, [Disrupting Disparities: Solutions for LGBTQ New Yorkers Age 50+](#) (2021)

^{xviii} Id.

^{xix} Mark Brennan-Ing, PhD "[Emerging Issues in HIV and Aging](#)"(2020)

June 12th, 2023
NYC City Council Hearing

Nadia Swanson, LCSW
Director of Technical Assistance and Advocacy
The Ali Forney Center
nswanson@aliforneycenter.org
They/Them

Subject: Int 0066-2022 , Int 1074-2023, Res 0555-2023 , Res 0591-2023

Thank you to the committee and the other advocates here today for your continued advocacy for Trans people, especially our youth. My name is Nadia Swanson (they/them) and I am the Director of Technical Assistance and Advocacy at the Ali Forney Center.

I will start off by stating my support of Int 0066-2022 , Int 1074-2023, Res 0555-2023 , Res 0591-2023.

With the passing of The Trans Safe Haven Bill in NY it is imperrative that NYC continue on that path solidify more visibility, protections and resources for Trans adults, children and their families.

As well as ensure that our community continues to have full access to the Medicaid pharmacy that allows for LGBTQ unhoused youth the access to their life saving medications. Without this safety net it will be nearly impossible for youth to exit homelessness.

In my written testimony I have provided some statistics and other information that you can use for your upcoming advocacy but because all of us here today understand the necessity of these bills I will just share a story that illustrates what the Trans youth at AFC are far too often coping with.

Earlier this year a 24 year old Black trans client who had originally come to AFC from out of state. asked their care team to go to the hospital for help with suicidality. They had been accessing our on site medical clinic for support and thankfully felt affirmed by our clinical staff to ask for help. They were voluntarily admitted and immediately knew it was bad fit. They were consistently misgendered, misunderstood, the experience felt like jail. They asked to be discharged and were told they're not allowed, they became frustrated and panicky and was restrained and sedated. Then they came too and were rightfully incredibly angry, and hosptial staff interpreted that response as too much of a risk and they were then being held involuntarily for 12 days. They left feeling worse,

decompensated a lot, and trust with their AFC care team was really broken for supporting them going to the hospital and not being able to get them out. They aged out of our care soon after and did not engage with us on their after care plan.

As a community of queer and trans BIPOC providers who are also patients of the same health care systems we do all that we can to support people with feeling safe outside of the hospital first because we know that it is a big risk if it will be helpful or not. But without other alternatives to hospitalization to cope with serious mental health issues in a more holistic way that not only honors the dignity of the person but celebrates them we safety plan, make the best referral we can and hope that this time doesn't turn out like that time.

Our hospital system not only needs to be more visible with the rights of trans people and how to advocate but we need to better hold hospitals and their staff accountable when they fail to provide affirming care.

As of today there are over 474 anti-lgbt bills being considered across the US, and the right is publicly calling for the "elimination of trans people". This collective trauma results in an increase of LGBT youth from all over the US and the world coming to NYC to seek safety.

The Ali Forney Center sees about 2200 youth a year, half of which come from outside of the tri-state area. 40% are Trans but they access 90% of the services we offer, because they do not feel safe in other services.

This reality is not just one of the youth at AFC but from personal experience I know that Trans NY's do not feel safe going to most of the medical providers here that are not LGBTQ focused. This leads to what we all know to well ; the delay or complete barrier to health care.

40% of new clients reported during the intake interview that there hasn't been anyone they could go to for routine checkups / advice about a health concern in the past 6 months. 20% of gone to the ER in the last 6 months

About two-thirds of trans youth report being in "poor" health, which is nearly double that of their cisgender peers. Despite all of the increased risk and need, many of our young people are very anxious and resistant to accessing ongoing or emergency medical and mental health care.

When hospitalized, our youth are consistently dead named or called by names they no longer use. They are often correcting or teaching medical providers. They are

misgendered, placed in sex-segregated situations, and at times, are even blamed by providers for the situation that brought them in for help.

The Youth Risk Behavior Survey asked high school-aged youth if they have felt "so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities" in the past 12 months.

The results showed that the population with the highest percentage across all race, gender, and sexual orientations was LGBTQ+ teens at 62%, which is double the amount of cis/het teens and twenty two points higher than the next highest group, which was females at 44%.

Please contact me with any advocacy support or follow up needed to pass these important pieces of legislation.

-Nadia Swanson, LCSW



New York City Council
Committee on Health and the Committee on
Women and Gender Equity

Oversight Hearing: Current State of Access to
Healthcare for LGBTQIA+ Individuals

June 12, 2023

Testimony of The Legal Aid Society

The Legal Aid Society is grateful for this opportunity to testify about the current state of access to health care for low-income LGBTQ+ New Yorkers and appreciate the Council’s focus on this important issue. Since 1876, The Legal Aid Society has been committed to providing quality legal representation to low-income New Yorkers. In our three distinct practice areas – Criminal Defense, Civil, and Juvenile Rights – The Legal Aid Society provides comprehensive representation to many of the most marginalized communities in New York. Within our Civil Practice, we provide direct legal services and advocate for informed policy change to ensure equitable and inclusive access to health care for all New Yorkers. In 2014, The Legal Aid Society and co-counsel brought a successful challenge to a New York regulation that banned Medicaid coverage for any gender transition-related care. As a result of that class action case, New York’s Medicaid program has allowed for coverage for all medically necessary care for the treatment of gender dysphoria since 2016. Private insurance and Medicaid programs across the country have since used New York’s rule as a template for insurance policies regarding gender affirming care. Legal Aid’s Health Law Unit helps low-income New Yorkers navigate insurance systems and represents them in appeals of denials of insurance coverage. Our Juvenile Rights Practice routinely works with LGBTQ+ youth seeking affirming care and transgender and non-binary foster youth seeking access to transition-related care. A 2008 appeal on behalf of a young person in foster care denied gender affirming care and subsequent advocacy led to the issuance of a 2010 policy requiring New York City to authorize payment for medically necessary treatments for youth in foster care that were not covered by Medicaid at the time. Working across all three practice areas, our LGBTQ+ Law and Policy Unit seeks to create, support, and sustain affirming and safer spaces, practices and policies for LGBTQ+ New Yorkers. As one example, in partnership with Legal Aid’s Prisoners’ Rights Project, we advocate for timely and affirming health care for LGBTQ+ people incarcerated in New York City jails.

As an initial matter, we urge the Council to review the New York State LGBTQ+ Health and Human Services Needs Assessment: 2021 Community Survey, recently released by the NYS Network for LGBT Health and Human Services of which The Legal Aid Society is a member.¹ This needs assessment is an in-depth study into the current experiences of LGBTQ+ people who need health care access in New York State and, while it is state-wide and not city-specific, it reflects many of the experiences of Legal Aid’s clients, including intersectional discrimination when seeking access to health care and avoiding needed health care services due to lack of affirming providers or prior problematic encounters with providers. The survey also confirms what we have long known and seen reflected in our work: Black LGBTQ+ people and LGBTQ+ people of color experience glaring disparities in accessing health and other services. We urge the Council to incorporate this important data in its efforts to improve health care access for LGBTQ+ New Yorkers.

I. Int. 0066-2022 Is An Important First Step to Ensure City Hospitals Respect TGNCNBI Clients and Follow New York Anti-Discrimination Law

Although New York City has some of the oldest and strongest protections against discrimination based on gender identity and expression in the country, The Legal Aid Society continues to hear from clients who have experienced trauma, harassment, and even violence on

¹ This survey is available at <https://nyslgbtq.org/wp-content/uploads/2023/03/TRX-Report-010823-FINAL-REV-2.pdf>.

account of their gender identity at health care providers in the City, both public and private. By way of example, The Legal Aid Society represented a transgender and gender non-conforming person who had legally changed their name, although their identification still reflected their sex assigned at birth. When they appeared for emergency services at the hospital, they informed the nurse on staff that they had a legal name change and that their gender marker on their identification was incorrect. Nevertheless, our client was deadnamed and misgendered and, when they asked that they be properly named and gendered as required by the New York City Human Rights Law,² hospital staff called security and placed them under supervision while on hospital premises. They subsequently received inadequate care and had to go to a different provider after their symptoms got worse. Not surprisingly, this type of mistreatment contributes to the high rates of Latinx and Black transgender, gender non-conforming, genderqueer, and non-binary people not receiving needed health care services and exacerbates existing mental health needs.³

There are several important ways to address this serious issue. First, there must be greater implementation and enforcement of the New York City Human Rights Law in relation to public accommodations such as hospitals and clinics. Int. 66-2022, which requires prominent signage about the rights of transgender and gender non-conforming patients to be posted in hospitals, is an important first step in that process since it will ensure a greater number of staff and providers are reminded of their obligations under the New York City Human Rights Law. While Legal Aid also supports the provisions of Int. 0666-2022 that require hospitals to provide public information about the trans-specific services they provide, the Council should be aware that trans health care providers – even in states like New York that do not ban affirming health care – are receiving increasing threats to themselves and their businesses akin to the threats historically received by abortion providers.⁴ The Council should be proactive about ensuring that these providers and patients seeking their care have protections and that such threats do not decrease access to care.

² The Human Rights Law requires that all public accommodations refer to people by the name they use and respect people’s self-identified gender, regardless of what is on their identification or other documentation. *See* NYC Commission on Human Rights Legal Enforcement Guidance on the Discrimination on the Basis of Gender Identity or Expression: Local Law No. 3 (2002); NYC Admin Code § 8-102 (Feb. 15, 2019), *available at* <https://www.nyc.gov/assets/cchr/downloads/pdf/publications/2019.2.15%20Gender%20Guidance-February%202019%20FINAL.pdf>. Any healthcare provider in New York City is a public accommodation and is bound by these protections, regardless of whether they are operated by the City.

³ Guidry et al., *New York State LGBTQ+ Health and Human Services Needs Assessment: 2021 Community Survey* xiii-xiv (2022); *see also* Center for American Progress, *The State of LGBTQ Community in 2020*, *available at* <https://www.americanprogress.org/article/discrimination-and-barriers-to-well-being-the-state-of-the-lgbtqi-community-in-2022/> (15% of LGBTQ Americans reported postponing or avoiding medical treatment due to discrimination, including nearly 3 in 10 transgender people, and 1 in 3 transgender people had to teach their doctor about transgender individuals in order to receive appropriate care); NYC Comptroller’s Office, *Results of a Survey of LGBTQ New Yorkers* (June 20, 2017), *available at* <https://comptroller.nyc.gov/reports/results-of-a-survey-of-lgbtq-new-yorkers/> (reporting that transgender and gender non-conforming New Yorkers were much more likely than respondents as a whole to have been denied equal treatment or services or physically harassed at a doctor’s office, hospital, emergency room, mental health clinic, ambulance, nursing home, or extended family care facility).

⁴ *See generally* Megan Messerly, *Health care access for trans youth is crumbling – and not just in red states*, Politico (Apr. 23, 2023), *available at* <https://www.politico.com/news/2023/04/23/docs-who-treat-trans-youth-under-attack-00093322>.

Additional means to further the goal of implementation of the Human Rights Law would be requiring regular training for public city hospitals on cultural humility when working with LGBTQ+ clients including obligations under non-discrimination law and expanding funding and resources to the Human Rights Commission to ensure that providers are held accountable for violating the law. Currently, lack of resources and turnover in staff at the Commission has resulted in complaints being ignored or taking several years to resolve, ultimately dissuading many people from seeking redress for this mistreatment. Guidance by the New York City Department of Health and the Human Rights Commission is also needed to ensure that hospital and provider technological systems are designed to comply with the Human Rights Law by, for instance, providing fields for chosen name and pronouns and ensuring affirming information is documented on patient files and wristbands.

Second, the City should facilitate increasing the number of trans-specific and affirming services by funding nonprofit providers who are already equipped to meet the needs of the TGNCNBI community and treat them with dignity and respect. This should include affirming mental health providers, which is one of the most prominent needs identified in the recent community survey of LGBTQ+ New Yorkers.⁵ This need was highlighted in the recent legislative plan released by the Council's LGBTQ+ Caucus and we urge the Committee on Health and on Women and Gender Equity to add their support to this recommendation.⁶

II. The City Council Must Ensure That New York City Is a Sanctuary City for People Seeking Transition-Related Care By Urging the Governor to Sign the Recently Passed S. 2475 (Int. 555-2023).

As recognized by Int. 555-2023, which calls for the State to pass S.2475, attacks on those providing and receiving gender-affirming care are increasing in number and severity across the country. As reported by the Movement Advancement Project, five states currently make it a felony crime to provide affirming care for transgender youth and eighteen states ban best practice medication and surgical care for transgender youth.⁷ Three in ten (30.9% or 92,700 total) trans youth aged 13-17 are directly impacted by these bans.⁸ Seven states have enacted policies banning Medicaid from covering some type of gender-affirming care and some of the bans on transgender youth health care are impacting adult access as well, as recently reported about Florida.⁹ These attacks on trans health care not only create obvious obstacles to health care in the

⁵ See *supra* note 1.

⁶ NYC Council LGBTQIA+ Caucus, *The Marsha & Sylvia Plan: A Guide to a More Just, Equitable City for LGBTQIA+ and TGNCNBI New Yorkers* 22 (June 1, 2023).

⁷ Movement Advancement Project, *Equality Maps: Bans on Best Practice Medical Care for Transgender Youth* (accessed June 6, 2023), available at https://www.lgbtmap.org/equality-maps/healthcare/youth_medical_care_bans.

⁸ Human Rights Commission, *Map: Attacks on Gender Affirming Care by State* (June 1, 2023), available at <https://www.hrc.org/resources/attacks-on-gender-affirming-care-by-state-map>.

⁹ Azeen Ghorayshi, *Many States Are Trying to Restrict Gender Treatments for Adults, Too*, N.Y. Times (Apr. 22, 2023); *Florida's Ban on Gender-Affirming Care for Minors Also Limits Access for Trans Adults*, PBS News Hour

first instance, they also are negatively impacting the physical and mental well-being of the TGNCNBI community throughout the country. More than 60% of LGBTQ+ youth and 85% of TGNB youth, for instance, said that their mental health deteriorated because of the national attacks on LGBTQ people, including the bans on affirming health care.¹⁰

Undoubtedly, this dire and urgent situation requires New York to act to ensure transition-related care is safe and accessible for all who need it, regardless of where they are from. For this reason, Legal Aid supports Resolution 0555-2023. Although S. 2475 has passed both the Senate and the Assembly as of the time of this writing, the Resolution will help urge the Governor to sign it as soon as possible.

III. In Order to Make New York City A Safe and Welcoming Place for TGNCNBI People, the City Council Must Take Additional Steps to Provide Greater and Safer Access to Affirming Identification and Vital Records

To truly make New York City a safe city for the TGNCNBI community, it is incumbent on the Council to act to take immediate steps to address the gaps in services and supports that continue to harm the transgender community in New York City. One gap that continues to harm the physical and mental well-being of the transgender community is excessive delays and hurdles accessing corrected birth certificates and name change orders and ensuring accurate death certificates.

Access to correct and affirming identification has important benefits for the well-being of the transgender community. Research demonstrates that correcting one's legal name and marker is significantly associated with lower reports of depression, anxiety, and psychiatric distress.¹¹ It is also directly related to decreasing the mistreatment and even violence people may face by public actors and agencies, such as health care providers, when they present identification that does not match who they are. Frighteningly, in a response to a nationwide survey, when showing an identification with a name or gender that did not match their gender presentation, 25% of people were verbally harassed, 16% were denied services or benefits, 9% were asked to leave a location or establishment, and 26% were assaulted or attacked.¹² Anecdotally, we also know that lack of correct identification can lead to traumatic interactions with and harassment by police and other law enforcement actors as well.

(June 4, 2023), available at <https://www.pbs.org/newshour/health/floridas-ban-on-gender-affirming-care-for-minors-also-limits-access-for-trans-adults>.

¹⁰ The Trevor Project, *Issues Impacting LGBTQ Youth: Polling Analysis* (Jan. 2022), available at https://www.thetrevorproject.org/wp-content/uploads/2022/01/TrevorProject_Public1.pdf.

¹¹ Arjee Restar et al., *Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations*, 11 SSM Popul Health 100595 (Aug. 2020).

¹² S.E. James et al., *The Report of the 2015 U.S. Transgender Survey* 82 (National Center for Transgender Equality 2016).

New York is not immune from these serious issues despite decreasing the number of hurdles to correct identification over the years, such as New York City Department of Health jettisoning the problematic requirement to have a doctor's letter attesting to one's gender identity when correcting a birth certificate. Legal Aid routinely works with clients who have been misnamed, misgendered, harassed, and sometimes assaulted when they have incorrect identification. There are many reasons our clients do not have correct identification. Many clients are unaware that correcting their birth certificate is an option or believe it still requires a doctor's letter. Others do not have the financial resources to pay for the administrative costs of correcting birth certificates. Each birth certificate is \$15.00 and corrections cost \$40.00, with some additional processing fees. Other clients are unable due to work or childcare obligations to take the time to physically go to the necessary agencies or to the courthouse. Many people fear discrimination at the hands of the agency that is supposed to assist them, especially since the process itself requires highlighting the inaccuracy of the sex marker assigned at birth. Increasingly, we hear concerns from transgender clients about ensuring their death certificates are accurate and respect their name and gender after their passing. The Legal Aid Society is often asked to help clients navigate these processes, both by clients that are receiving legal services for another matter and by people who independently reach out to its LGBTQ+ Unit.

Unlike birth certificates, which are administered by the New York City Department of Health and Mental Hygiene, name changes fall within the jurisdiction of the New York State Office of Court Administration. However, Legal Aid's LGBTQ+ Unit and other borough-based providers are experiencing increasing hostility when filing name change petitions in civil court throughout the five boroughs by clerks requiring documentation that is not required by law, threatening people that they are engaged in fraudulent behavior, and misgendering the filer. If this is the experience of attorneys with years of experience with name change petitions and civil court filings, the experience of transgender people seeking a name change without counsel or other assistance is likely as bad, if not worse. A name change order is an essential step to correcting the name on one's New York City birth certificate, which is itself often a required document to request or update other forms of government identification.

The Council can act to improve access to these essential identity documents. The Council should provide additional funding to LGBTQ+ organizations that help navigate these processes, including funding for non-waivable costs such as birth certificate fees for people who are unable to afford them. These increased resources are not only necessary to meet the needs of New Yorkers, but to ensure that New York City can function as a sanctuary city for the increasing number of LGBTQ+ youth who come here because of the anti-LGBTQ+ attacks across the country. These youth, likely youth born outside of New York City, will face particular challenges accessing accurate identification given the widely differing requirements to both access and correct birth certificates throughout the country. The City's effort in this regard should also include supporting the efforts to expand the Lorena Borjas Transgender and Non-Binary Wellness and Equity Fund to increase state-wide funds for these purposes and additional supports for the TGNCNBI community. The City Council could also legislate fee waivers for low-income New Yorkers seeking to correct their birth certificates. As to death certificates, the Council should meet with members of the transgender community to ensure that the process for accessing and correcting death certificates is affirming and responsive to their needs.

IV. The City Council Should Address Serious Deficiencies in Health Care Provided in New York City Jails By Acting on the Recommendations in the August 2022 Report of the Task Force on Issues Facing TGNCNBI People in Custody

The New York City jail system is fraught with issues around the availability and quality of health care. This is the crucial issue in the case *Agnew v. New York City Department of Correction*, a 2021 class action filed by The Legal Aid Society, Brooklyn Defender Services, and Milbank LLP. We hope that a larger hearing can be called on the issues of health care in the correctional setting which is inclusive of LGBTQ+ people's healthcare needs. In the meantime, however, we would like to raise the recommendations made in the August 2022 Report of the Task Force on Issues Facing TGNCNBI People in Custody.¹³

The primary concern voiced by TGNCNBI people in custody and repeated at length to both The Legal Aid Society and the Task Force, was the need for the Correctional Health Services (CHS) to adequately train all mental health and all medical staff on the most up-to-date standards of care for TGNCNBI people. These standards should be consistent with the World Professional Association for Transgender Health (WPATH) Standards of Care, recently revised in 2022.¹⁴ We find that, far too often, it falls on people in custody to explain their gender identity and specific needs to their medical provider or mental health provider. This appears to happen most frequently to transgender women and non-binary people housed in men's facilities.

To further emphasize that point, it has been reported to The Legal Aid Society and the Task Force that there are not enough full-time providers at every facility who are knowledgeable in the current WPATH Standards of Care and feel confident advising individuals on their medical options. One Legal Aid client, a transgender woman housed at RMSC, reported that she informed CHS that she felt a lump in her breast and expressed a worry about cancer. CHS staff apparently told her to wait for "the trans doctor" to come back and examine her. This client waited two weeks for her examination despite manual breast exams being routinely offered by general practitioners at most clinics. To this end, the Task Force recommends that CHS hire multiple full-time TGNCNBI healthcare navigators to work with people housed anywhere within the DOC facilities. CHS TGNCNBI healthcare navigators would make appropriate connections to medical and mental health care providers and would know when a general practitioner could adequately serve a TGNCNBI client's needs, such as in the example above.

In addition, the CHS policy on transgender health care does not have up-to-date information on the process for accessing gender-affirming surgery and necessary follow-up care and supports. There does not exist any information on the process for requesting such a surgery or following up on a surgery when one was scheduled at an outside provider prior to detention.

¹³ *Final Report of the Task Force on Issues Faced by TGNCNBI People in Custody* (Aug. 2022), available at <https://www.nyc.gov/assets/boc/downloads/pdf/Jail-Regulations/FINAL-REPORT-of-the-TASK-FORCE-081522.pdf>.

¹⁴ Coleman, E. et. al., *Standards of Care for the Health of Transgender and Gender Diverse People*, International Journal of Transgender Health, 23(S1), S1-S260 (8th ver. 2022), available at <https://doi.org/10.1080/26895269.2022.2100644>.

CHS reports that the number of individuals in custody who have accessed such surgeries is between zero and ten and it is therefore unclear how many, if anyone, has accessed this care despite CHS stating that it is available.¹⁵ This process must ensure surgery is scheduled and conducted within a reasonable time period without undue delays and that all CHS staff are aware of and can correctly communicate this policy to people in custody. The Task Force recommends that this information be made into informational posters and hung throughout the facilities.

The Task Force also recommends that it be made clear that the Department of Correction (DOC) cannot override CHS's determination of a need for medical devices including binders, dilators, gaffs, or any other instrument used for medical care and treatment of TGNCNBI individuals. In addition, DOC must revise Directives 4498R-A and 4000R-A77 to make menstrual products readily available to all individuals in custody who menstruate, regardless of the facility in which they are housed or their gender identity. Currently, menstrual products are not available to anyone in men's housing and it is unclear that, if and when a transgender man is housed as male, he would have access to these products if he needed them.

¹⁵ This information can be found in the minutes from the Task Force's meeting on January 11, 2023, *available at* <https://www.nyc.gov/assets/boc/downloads/pdf/Jail-Regulations/FINAL-REPORT-of-the-TASK-FORCE-011123.pdf>.

THE CENTER

**New York City Council Committee on Health
New York City Council Committee on Women & Gender Equity**
*Oversight Hearing:
Current State of Access to Healthcare for LGBTQIA+ Individuals
June 12, 2023*

**Testimony of
The Lesbian, Gay, Bisexual & Transgender Community Center
New York, NY**

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER
208 W 13 ST NEW YORK, NY 10011**

T. 212.620.7310
F. 212.924.2657
gaycenter.org

THE CENTER

Thank you for the opportunity to provide written testimony regarding the Oversight Hearing on the Current State of Access to Healthcare for LGBTQIA+ Individuals.

New York City's LGBT community formed The Lesbian, Gay, Bisexual and Transgender Community Center (The Center) in 1983, in response to the AIDS epidemic, ensuring a place for LGBTQ people to access information, care and support they were not receiving elsewhere. Now the largest LGBT multi service organization on the East Coast, The Center sees more than 6,000 weekly visitors and hosts over 400 community group meetings each month. The Center has a solid track record of working for and with the community to increase access to a diverse range of high-quality services and resources, including our substance use recovery programming for adults and youth; HIV/AIDS programming; youth programs; and our families and opportunities work.

On Mental Health, Disabilities, and Addiction in 2023

We understand that mental health, and increasing access to culturally competent mental health services, are of critical importance to LGBTQ+ communities and ranks amongst the highest needs.

The Center's professional and peer providers provide a safe, open-door environment with access to services free of judgment and in a sex-positive atmosphere. The Center's broad array of services for the LGBTQ+ community includes individual counseling, closed groups, open groups, drop-in groups, groups for partners, groups for families, patient navigation, connection to health insurance, HIV testing, mental health counseling, substance use outpatient treatment, monthly legal clinics, immigration support groups, interpreters, and countless social events—all provided on-site 365 days a year. The Center offers a holistic menu of social and health services to NYC's LGBTQ+ communities through programs and services, including youth and adult substance use treatment, recovery support including the new youth clubhouse, youth substance use prevention, youth leadership and engagement programming, HIV prevention programming including testing, family and career development, as well as adult mental health services.

The Center's services

The Center fosters a welcoming environment where everyone is celebrated for who they are. We offer the LGBTQ communities of NYC advocacy, health and wellness programs; arts, entertainment, and cultural events; recovery, parenthood, and family support services. In addition, The Center has made racial equity a keystone element of our approach to community building.

- **Counseling and support groups:** The Center provides short-term individual counseling and referral services, as well as hosts a range of support groups for our transgender and gender nonconforming communities. Both individual counseling and groups offer support around a variety of topics, including gender identity and

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER**
208 W 13 ST NEW YORK, NY 10011

T. 212.620.7310
F. 212.924.2657
gaycenter.org

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expression, emotional challenges, substance use and recovery, and aim to build peer support networks.

- **Employment support:** Despite legal protections in New York State, the effects of discrimination continue to place trans and gender nonconforming communities at extremely high rates of poverty, unemployment, underemployment and homelessness. The Center provides services to directly combat this inequality, including individual career coaching support, case management, events focused on career exploration, legal workshops and networking opportunities.
- **Health insurance enrollment and linkage to care:** The Center is a designated navigator agency for the NY State of Health, the health insurance marketplace for New York through the Affordable Care Act. We provide information and education on the options available, and help individuals, families, small businesses and their employees enroll in New York State Medicaid, The NY Essential Plan, Child Health Plus and Qualified Health plans. We also help connect individuals to TGNCNB affirming medical and behavioral healthcare as needed.
- **HIV prevention, testing, and linkage to care:** We offer counseling for individuals, groups, couples and families, plus a variety of events, speakers and informal social gatherings for positive people and their loved ones. This includes HIV & AIDS education, anonymous testing, counseling and support, partner notification, and linkage to medical treatment including PEP, PrEP, and antiretroviral medications.
- **Legal services:** The Center partners with community-based legal providers to provide TGNCNB community members with drop-in assistance around gender-affirming access to healthcare, insurance, employment issues, housing, name and gender marker changes, public benefits and more.

For forty years, The Center has worked to ensure that the LGBT community of New York City has access to the highest quality and most diverse range of services and resources. Though we are living in a time of unprecedented social, legal and political acceptance of the LGBTQ community, there is still much work to be done on a local and state level to ensure that our community members can successfully combat the social and economic injustice they face daily. Thank you to the committees for the opportunity to provide this testimony on an issue of great importance to our entire City. We look forward to continuing working with you to ensure New York City's future as a safe space for all New Yorkers.

**THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER**
208 W 13 ST NEW YORK, NY 10011

T. 212.620.7310
F. 212.924.2657
gaycenter.org

**New York City Council Committee on Women and Gender Equity
and Committee on Health**
Oversight - Current State of Access to Healthcare for LGBTQIA+ Individuals
June 12th, 2023

Thank you Chair Schulman, Chair Cabán, and members of the Committees on Health and Women and Gender Equity, for the opportunity to provide testimony on the current state of access to healthcare for LGBTQIA+ individuals on behalf of VNS Health (formerly known as the Visiting Nurse Service of New York). My name is Arthur Fitting, LGBTQ+ Program Manager, and joining me is my colleague Dr. Shannon Whittington, Director of the Gender Affirmation Program. For nearly 130 years, our organization has provided high-quality, cost-effective care to underserved and marginalized communities throughout New York who are otherwise shut out of the healthcare system.

VNS Health has been a trailblazer in LGBTQ+ home and community-based care for decades. We lower the institutional barriers to care by meeting our patients where they are most comfortable – in their own homes and communities. Our programs include:

- **Gender Affirmation Program (GAP)** is the only program of its kind in the U.S. providing specialized post-surgical home-based care to patients undergoing gender affirmation transition, primarily low-income individuals.
- **LGBTQ+ Adult Program** which serves the older LGBTQ+ and Gender nonconforming community. We provide gender affirming care using our **LGBTQ+ Care Type**, a data-driven model that helps identify social risk factors (such as race, income, housing stability, and caregiver support) so we can address these factors when providing care.
- **Our LGBTQ+ Community Outreach initiative** collaborates with more than 100 community-based organizations and healthcare partners to increase awareness and identify issues that affect the health and wellness of older LGBTQ+ community members.
- VNS Health is the largest healthcare organization in New York with **SAGECare Platinum** LGBTQ+ cultural competency credentials, meaning more than 80% of our staff are trained and working with LGBTQ+ communities.
- Our **HIV Special Needs Medicaid Health Plan (SelectHealth)** for people who are living with HIV and can be living the transgender and homeless experience, has the highest rates of “viral load suppression” in New York City.

(Please see the appendix below to learn more about our services).

We want to thank the City Council for providing critical funding in FY23 for our Gender Affirmation Program and request \$500,000 in the upcoming fiscal year to meet the growing need for this. We also support the LGBTQIA+ Caucus’ Marsha and Sylvia Plan that requests a baseline of \$15 million to support non-profits that provide Transgender & Non-Conforming (TGNC) specific, affirming, and competent healthcare services.

We are proud that NYC and NYS have opened their doors to LGBTQIA+ people across the country who do not have access to appropriate services. We will continue to provide this lifesaving care to anyone who seeks it – from any state.

We fully support and urge passage of these measures before the committee today to help ensure New York remains a safe and welcoming haven for LGBTQIA+ people seeking needed care:

- **Support Intro 66** to require the Department of Health and Mental Hygiene (DOHMH) to distribute signs to every hospital on an individual's right to be referred to by a preferred name, title, gender, and pronoun.
- **Support Intro 1074** to prohibit city resources from being used to help out-of-state entities detain people or obtain information about people involved in providing, seeking or receiving gender-affirming care.
- **Support Reso 555** to support Senate bill S2475, which would protect access to gender-affirming care in NYS and combat anti-trans policies in other states.
Support Reso 591 to call on the NYS legislature to reverse the Pharmacy "carveout" that threatens to disrupt care for over 16,000 HIV SNP members and undermine Ending the Epidemic.

The Current State of LGBTQ+ Healthcare

While the number of transgender and nonbinary individuals undergoing gender affirmation surgery has dramatically increased across the New York metropolitan area, gender-affirming care has been under attack by lawmakers nationwide. Legislation banning access to this type of care and restricting the rights of LGBTQ+ individuals has passed in 8 states, with another 23 states considering similar laws that primarily target LGBTQ+ youth, and over 400 anti-trans bills introduced just this year in 47 states. Without access to gender-affirming care, thousands of transgender and nonbinary people are at risk for poor mental health outcomes like gender dysphoria, depression, and suicidality.

According to the New York State Office for the Aging, one-third of New York's 800,000 LGBTQ+ adults (the vast majority in New York City) are over the age of 50. But only a fraction of these people have information about and access to services like home care and hospice care. Not all are aware that there are medical professionals who will respect and celebrate their unique identity, and many delay accessing the healthcare system and then creating poorer health outcomes.

Although LGBTQ+ individuals have the same potential for health, well-being, and success as their non-LGBTQ+ counterparts, people who identify as LGTBQ+ have higher rates of poverty, food insecurity, unemployment, and homelessness than non-LGBTQ+ people. A recent national study noted that "sexual and gender diverse populations experience numerous disparities in physical and mental health" that "are driven by social forces, such as stigma, prejudice, and discrimination."¹

Not only are LGBTQ+ individuals at a higher risk for physical health issues, but they are also at a higher risk for behavioral health problems, including psychiatric disorders, substance use disorders, violence and victimization, and suicidal ideation.^{ii,iii} Studies have found that LGBTQ+ individuals are 2.5 times more likely to experience depression, anxiety, or substance misuse than non-LGBTQ+ individuals.^{iv} While more research is needed on the root cause of these disparities, many relate it to the long history of discrimination against the LGBTQ+ community. These findings are supported by a survey conducted by the SAGE AdvantAge Initiative and VNS Health's Center for Home Care Policy and Research. We aimed to learn about how LGBTQ+ identifying older adults (age 55+) perceive their communities and their needs, with the goal of making their communities more "aging-friendly". Here are some of the key findings:

- More than 1/3 experienced arthritis, hypertension, anxiety, or high cholesterol
- More than half thought they needed counseling for anxiety or depression, and 2/3 obtained that counseling.
- Nearly 60% felt alone or isolated in the previous two weeks
- Almost 70% said their healthcare provider knew their sexual orientation and/or gender identity, and more than half said they would prefer care from a clinician specializing in LGBTQ+ care.
- 45% were not confident or not very confident that they would have support for long-term care needs.^v

Conclusion

Thank you again for the opportunity to testify today. We appreciate the Council's leadership on issues facing the LGBTQ+ community. VNS Health hopes to continue to work closely with City Council and community-based organizations to provide high-quality, culturally-component care for this population.

Appendix – VNS Health's LGBTQ+ Programs

Gender Affirmation Program (GAP): The only program of its kind in the U.S., GAP caters specifically to the needs of those who have received TGNC surgery. Patients undergoing gender affirmation transition are particularly vulnerable, making their care during and after surgery critically important. The majority of GAP patients are Medicaid enrollees earning less than \$10,000 per year. GAP has provided care to over 1,500 patients since it started in 2016. With more than 500 healthcare providers trained in the culture and nuances of caring for gender affirmation surgery patients, VNS Health's GAP role begins upon the patient's discharge from the hospital following gender affirmation surgery. Our clinicians come into their homes and provide affirming care. These clinicians are trained in cultural competency and post-surgical care for gender-affirming surgery.

VNS Health LGBTQ+ Adult Program and Community Outreach: VNS Health serves this population with our "**LGBTQ+ Care Type**," a data-driven model that helps identify social risk factors (such as race, sexual orientation and gender identity, income, housing stability, and caregiver support and safety) so we can address these factors when providing care. We can then work with LGBTQ+ culturally competent community-based organizations (CBOs) to ensure our patients get the care they need in a safe, welcoming environment. The process starts with our trained staff observing those patients who self-identify as LGBTQ+. Once the patient

receives their initial welcome call from VNS Health, our LGBTQ+ Program Manager introduces them to various services offered within the program, including LGBTQ+ health education and connection to local CBOs in their area to link additional resources and services.

VNS Health’s outreach teams bring education, resources, support, and training about LGBTQ+ health and wellness to communities throughout and beyond New York City. LGBTQ+ Outreach works with more than 100 community-based organizations and healthcare partners to collaborate and increase awareness of LGBTQ+ issues and healthcare solutions.

HIV Special Needs Medicaid Health Plan (SelectHealth): VNS Health has long been at the forefront of caring for people with HIV/AIDS. Since the beginning of the AIDS epidemic, we have provided compassionate care in the home to thousands of New Yorkers living with HIV/AIDS. Today, nearly half of people living with HIV in the United States are over the age of 50, and many face unique needs as they get older. The increase in new cases is in men aged 55 and above. But the basic premise for living longer has not changed – if the HIV virus can be suppressed in a person’s system, they will not develop AIDS. But getting people living with HIV/AIDS to take their medications is complicated by social risk factors. SelectHealth has the highest rates of “viral load suppression” in New York City because of how we effectively manage the health of our members living with HIV/AIDS.

SAGECare Platinum: VNS Health is the largest healthcare organization in New York with the SAGECare Platinum LGBTQ+ cultural competency credentials, meaning more than 80% of our staff, including in hospice, home care, and behavioral health, has received training in working with LGTBQ+ communities. This training helps ensure that our team members are aware of and sensitive to the needs and concerns of LGBTQ+ older adults.

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Testimony Before the New York City Council Committee on Health and Committee on Women
& Gender Equity

On Current State of Access to Healthcare for LGBTQIA+ Individuals

Submitted by:

Lala Tanmoy (Tom) Das
Weill Cornell/ Rockefeller/ Sloan Kettering Tri-Institutional MD-PhD Program
1300 York Avenue, Room C-103,
New York, NY 10128
Phone: 574-520-7513
Email: lad2027@med.cornell.edu

June 12, 2023

Good morning.

Thank you, Chairperson Schulman and all Committee members, for the opportunity to speak today. I am Lala Tanmoy Das—I go by Tom—and I am a gay, immigrant, physician-scientist trainee here in New York City, dedicated to advancing LGBTQ+ health.

In 2017, while transitioning careers from financial services to medicine, I shadowed at a community health center in East New York. Working with young adults, I witnessed their difficulties in accessing HIV prevention medications and resources for substance use issues, as well as heard myriad anecdotes of homophobic experiences with medical providers. Through the course of my training, I have continued to see these disparities amplified among my LGBTQ patients.

And while as a city and a State, we've made significant strides in our community's health outcomes, here are a few additional efforts to consider.

To build trust, LGBTQ patients often prefer LGBTQ providers.¹ This is *especially* true for people of color, who are disproportionately impacted by HIV and other sexually transmitted infections as well as chronic health conditions.^{2,3} A comprehensive, publicly available list of LGBTQ-friendly generalists and specialists may help build rapport and engage people in longitudinal care. Additionally, funding LGBTQ+ medicine fellowships—as is being started at Mount Sinai⁴—can help train more providers in meeting specific needs of our patients.

More urgently, though, we need to redouble efforts to treating substance use disorders in the queer community, which is substantially higher than the general population.^{5,6} Every health care system should have inpatient consultation and outpatient addiction services and ensure that addiction treatment medications are part of drug formularies. At the same time, LGBTQ patients with insurance challenges can directly benefit from cost subsidies of addiction services as well as easier access to language-concordant mental health care.

By adopting some of these tools, we can continue being leaders in LGBTQ health.

Thank you.

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From: Mari Moss <marimossyawn@gmail.com>
Sent: Monday, June 12, 2023 11:57 AM
To: Testimony; Shukla, Madhuri
Subject: [EXTERNAL] **Testimony of Mari Moss**

Thank you for this opportunity to speak. To chair Caban of the committee on women and gender equity and Chair Schulman of the health committee.

My name is Mari Moss. I am the mother of three little girls named Calia, Sophia and Anya (otherwise known as three little Harlem girls). I am Also a survivor of domestic violence and an advocate and legislator for women's rights.

****I am focusing on the cross cutting factors of abuse the health matters that have to do with survivors dealing with physical and mental health issues of abuse and injustice of our court system in conjunction with that abuse.**

****My focus of this topic although it effects everyone, is in particular to women mothers who are dealing with abuse as life comes from women and the femicide of women in regard to abuse is disproportionate to all other intimate partner abuse. Furthermore there are generational ramifications when it comes to children that are being unjustly separated from their mothers and left to live with a parent who was abusive to the other parent usually a father to the mother.**

Isabella baumfree otherwise known as Sojourner Truth spoke at a convention on women gaining the right to vote. This was at a time when black women were not even yet considered in the debates or discussions, gave an unforgettable speech at a convention in Akron, Ohio.

In that speech she outlined the reasons why black women should be able to have their voices heard as voters when she detailed the horror of slave women mothers who were separated from their children because their slave masters who considered them to be chatle, decided to sale off their children to other slave masters on other plantations for profit without a thought of humanizing the mother and child as being family. Her speech shows that women were considered second class citizens and no one felt the extent of that especially at that time more than black women. When Sojourner Truth said, "*I have borne thirteen children, and seen most all sold off to slavery, and when I cried out with my mother's grief, none but Jesus heard me! And ain't I a woman?*"

Reading this in 2023, one might think that this has changed over 102 years later,

But every single day, mothers are being separated from their children in new York city in family court rooms often aided by ACS despite facing matters of abuse from the fathers of their children even when their children have been exposed to the abuse their mother has had to endure within it.

Children who are exposed to these traumatic horrors are left to normalize these occurrences and are often unfortunately statistically doomed to repeat these situations in their own lives.

Every abuse narrative starts as a love story filled with the hope and the promise of a life long commitment. Very few relationships start off in hopes that things will go wrong or end in the harm of or even even the death of a person and this fact, plus financial obstacles make it difficult for most women mothers to leave an abusive partner.

It doesn't help that in our courtrooms, situations like this are mishandled for the sake of financial gains to the lawyers, service providers etc. Ordered by judges (who may feel they owe favors or have a job to enrich providers), via services ordered to make matters worse instead of better and to further ostracize women mothers with mutiny's that exasperate the circumstances even further from the present to generations to come.

In my own experience, I was told all I needed was a good lawyer, and an understanding judge or to go to IDV court. This could help, but just this past memorial day a Mother named Catherine Kassenoff who was viciously and unjustly separated from her three children reportedly was involved in an assisted suicide citing the incredible injustices she faced in new York city court. She was a former federal prosecutor and successful lawyer who knew the laws, courts, procedure, judges and had other lawyers as colleagues for advisement yet still was unable to gain custody of her children in an abusive matter. Even with all of her expertise she was met with the grief of being separated from her three daughters because her husband was "monied" and favored over her and her rights in the court room despite the abuse she faced were of no consequence.

Catherine Kassenoff was diagnosed as having terminal cancer before passing, but even that was more devastated by the heart breaking separation of her and her daughter's in the face of the abuse she endured. Her last wish was that her story be told and known. Her wishes are granted in advocacy of supporting women who can learn from this and need the same support she was denied.

In Harlem, many women who stayed in abusive relationships during the pandemic died at the hands of their abuser forgoing the grief of the court system that was willing to abuse their human rights, and laws meant to protect them.

There are too many women mothers facing devastation whether they stay in the abusive relationships or leave, and mothers are losing their children in court where their parental rights are further violated in ways that affect their lives adversely and the children are left to fend for themselves and cope with the abusive when the mother is no longer there to protect them.

Well Over 102 years after Sojourner gave her speech outlining the horrors of mothers being separated from their own children and making the case for black women to be permitted the right to vote as justification to having their voices heard, we have more women and minority judges, lawyers and representatives from the local, state and federal level than ever before, but we have more women's rights being violated in our courtrooms in matters of abuse and it has become accepted and normalized in ways that have led to femicide and generational trauma.

Giving testimony and discussing these matters is one thing, putting action to change it is another.

Seven years ago, I was unjustly separated from my daughter's Calia, Sophia and Anya after experiencing abuse in my home from my husband while obtaining my Master's degree. I was ordered homeless forced to leave my home by a judge Douglas e Hoffman (who serves now in NY supreme court, but was sued for harassment by a law clerk after my court matter) which gave defacto custody of my daughters to my abusive husband because I called the police and reported abuse in my home right before the court proceeding.

My husband said I was crazy and suicidal all seven years and even though I made it through covid 19 and sit before you today judge after judge even a judge who wrote an article saying that family court was a mutiny on motherhood (Machelle j Sweeting, 2018 Harlem News), lacked the courage to enforce laws to protect my daughter's and me, keeping us together when they had opportunities to do so.

Ordered therapeutic visitations only made matters worse when private agencies like CFS representatives would complain about the closeness of my daughters and me in meeting (whether we sang songs, laughed too much, too loudly), or straight lies in reports given to the courts about anything they felt like saying. They were paid handsomely by the state for this destruction.

My daughter's who I have seen walk around at times with dirty clothing, marks and bruises, unkempt hair and the like throughout this time have learned to normalize this way of living and to think as their father has said to them again and again during this time that something is wrong with their mother. I have come to realize this abuse was based on his own insecurities, but there is no excuse from harming someone physically and or mentally and deliberately holding back women from developing to their full potential.

These are the realities many other mothers are facing and the reasons why I began drafting legislation to protect other mothers from having to endure these circumstances.

The petition/bill covers the following;

1. Schools are of the first places frequented by families in need, and there is a need to support families properly in holistic ways especially in sensitive matters like abuse that effect their lives. In order to ensure that matters are managed properly, training for principals, administration and staff to have the proper know how to be supportive in matters of familial duress especially in situations of abuse is necessary to help eradicate and further complicate matters. This includes providing training for parent coordinators and providing them with resources to help assist the needs of families not to hinder their progress support or to provide service for the the families they serve. Parents rights should always be protected and not hindered in any way.
2. Although ACS is usually involved in family crisis matters, there are a number of gaps of service across agency interactions that must appropriately be supported to bring about justice. Statistics show that 9 in 10 cases of domestic violence unjustly violated those rights and cause separation of mothers from children and reward abusive partners with children down to the financial abuse imposed upon a parent wrongfully separated from their children and expected to pay financially as well for that unlawful and unjust situation. Proactive and preventative measures can stop these injustices from occurring in the first place.
3. When speaking of mass incarceration, men are usually the main subject by default, however statistics show that 86% of women in jail are sexual violence and abuse survivors. (Salon, Rachel Leah published November 11, 2017) Blaming victim survivors for reporting abuse when they are in need of intervention and support is a critical fallacy that must not only be addressed but corrected for occurring in the first place.
4. Domestic violence can happen at any time of day. A 24 hour family justice center is necessary to provide the adequate and immediate support for someone dealing with domestic violence.
5. All domestic violence Cases must be referred to the proper jurisdiction such as [IDV court](#).
6. Immediate financial support or a job is required for women to gain what they need in order to overcome the obstacles of being dependent on their abuser.

7. Individuals who work within the governmental/ service arenas should not live in fear of losing their jobs nor being provided with the proper assistance to overcome the obstacles of abuse or to speak up about the abuse they are experiencing. All resources should also be provided to them to triage their areas of need so that there are no interruptions to the service they provide to the community.

Legislators have the ability to legislate and ensure these laws are created and supported, while administrators are responsible for how these laws are carried out and that they are not overlooked. Judges are responsible for following the laws and constitution so that the rights of the people are not infringed upon.

The real power is in the hands of the people who will ensure that they these matters do not wrongfully effect them so that we can build stronger healthier communities to overcome these obstacles.

While this body has boldly passed two of the provisions thanks to CM Tiffany Caban and CM Julie Menin is working on passing 0727 for a 24 hour family justice center, these are necessities and much more work must be done.

For the sake of the future and generations to come, we must begin by protecting the lives, human rights and ensuring that the legal rights of women mothers are automatically instated in every courtroom especially in matters of abuse.

We must ask ourselves today, with a President Joe Biden who wrote a letter to me regarding this as he contributed to the violence against women act, a female minority vice president Kamala Harris, 125 women in the house of representatives, 25 women in the US senate, 20 women in The state Senate with a black female majority leader Andrea Stewart Cousins, 50 in the ny state assembly, and a majority female body of the city council with he first black female speaker Adrienne Adams who is also a mother, think of how many lawyers and judges are known, how many bills we can pass to counteract these disparities and how many more lives can we save with proactive preventative measures that can stop trauma and abuse?

Sojourner Truth was born into [slavery](#) in [Swartekill, New York](#), but escaped with her infant daughter to freedom in 1826. After going to court to recover her son in 1828, she became the first [black](#) woman to win such a case against a white man.

If over 100 years ago Sojourner Truth could as a runaway slave could recover her own child against a white man, we here today with all of our modern technology, women in power position and opportunities can restore justice to our courtrooms, protect women mothers from abuse and parental alienation and save their children from undue trauma and harms on their lives for generations to come.

I look forward to working with all of you to bring positive change in these regards to fruition.

Thank you

My name is Rikki Baker Keusch, pronouns they/them, I'm an advocate with MEAction NY and LongCovidJustice NYC, and I am a nonbinary New Yorker living with Long Covid. I have been sick with Long Covid since March 2020, and for seven years before getting Covid, I put off much needed care for chronic illnesses, largely because of how I experience the healthcare system as a nonbinary multiply disabled person, and because like many TGNCNBI+ folks, I have been uninsured or underinsured my entire adult life. I'm here to share a bit of my story, and discuss Long Covid as a queer justice issue

According to the US Census Bureau, of the 127 million Americans who have had COVID-19, 28% developed long COVID. At 46%, transgender people experienced the highest rates of long COVID, followed by people who did not identify with the gender labels provided by the survey. Cisgender women had higher long COVID rates than cisgender men, 32% compared to 22%. Long Covid is also more severe for trans people--42% experience severe symptoms, more than four times the rate of cis men and women.

The disparity persists, for folks who continue experiencing Long Covid symptoms years after their acute infection. While at least 6% of people in the US currently experience Long Covid symptoms, Trans and bisexual people are more likely to experience long Covid. Compared to 5% of cisgender men and 9% of cisgender women, 15% of trans adults in the U.S. say they are currently experiencing long COVID symptoms. Meanwhile, 12% of bisexual adults in the U.S. are living with post-COVID conditions, compared to 7% of straight, gay, and lesbian adults. The disparity is increased for Black and Latinx trans members of the queer community.

As with many issues, Covid and Long Covid have worsened the healthcare system's existing problems with caring for queer people, especially QTBIPOC. Trans and bi Americans are already more likely to experience health issues, including chronic illness, compared to cisgender and straight americans. Our health issues are exacerbated by a health care system that ignores us at best. According to CAP, Nearly half of trans adults (47%) — and over two thirds (68%) of trans people of color — have experienced mistreatment from health care providers,

As a result, like me, 28% of trans people, including 22% of transgender people of color, reported “postponing or not receiving necessary medical care for fear of discrimination.”

More than half of respondents (51%) also reported avoiding necessary medical care due to financial barriers. These hurdles were exacerbated by lower incomes, higher rates of employment discrimination, and higher rates of homelessness among trans people.

When I enter a new healthcare facility, I have to make many decisions. I'm grateful now that medical forms ask for pronouns, and chosen names, but when I'm fighting for better healthcare, I still experience misgendering, deadnaming, and an overall dismissal of my needs as a nonbinary person

At the same time, Long Covid has inherently made my experience of gender-affirming care different. My body aches too much for me to wear a binder, hormones raise my heart rate to

dangerous levels, and attempting what is often a year-long process in NY to be approved for gender-affirming surgery, which I might be too sick to receive, is off the table. Without receiving treatment for Long Covid--which currently can only manage symptoms--I can't live my life as a nonbinary person

Thank you for the work you're all doing to protect gender affirming care in NY and to ensure greater accessibility to healthcare for the community. In order to take care of our community, we need to support Queer NYers living with Long Covid and Associated Conditions by investing in financial support for Queer folks living with chronic conditions, in addition to supporting research, treatment, education and outreach to the Queer community and to all NYers. Thank you.

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THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 6/12/23

(PLEASE PRINT)

Name: Melissa Sklarz

Address: 40bart St Woodside 11377

I represent: Equality New York

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: 6/12/23

(PLEASE PRINT)

Name: MJ Okma

Address: 305 7th Ave

I represent: SAGE

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: 6/12/23

(PLEASE PRINT)

Name: Kathryn Tiskens

Address: 11 Marden Lane, NY NY 10038

I represent: Trans equity initiative

Address: _____

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

**THE COUNCIL
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Appearance Card

[]

I intend to appear and speak on Int. No. 0727 Res. No. _____

in favor in opposition

Date: 6/12/2023

(PLEASE PRINT)

Name: Mari Moss
Address: 215 W. 125th Street NY, NY 10027
I represent: Women, Mothers, Neighborhood Advisory, CBIO
Address: Harlem

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. 66 Res. No. 591,555

in favor in opposition

Date: 06/12/2023

(PLEASE PRINT)

Name: Arielle Wisbaum
Address: 151 W. 20th St, Fl. 11, NY, NY 10011
I represent: New York Lawyers for the Public Interest (NYLPI)
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: Richarda Greene
Address: 125 W. 125th St, NY, NY 10027
I represent: Director of LGBTQ+ Division
Address: Clinical services NYC Health + Hospitals/Bellows



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**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: Julietta Quinn

Address: Deputy Commissioner, Division

I represent: Bureau of Health Disease Control

Address: 100 5 Avenue (DCHMH)

**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: Julian Watkins

Address: Acting Assistant Commissioner,

I represent: Bureau of Health Equity,

Address: Capacity Building (DCHMH)

**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: 06.12.2023

(PLEASE PRINT)

Name: Lala Tanmoy Tom Das

Address: 181 E 93RD ST, IC, NY NY 10128

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: June 12, 2023

(PLEASE PRINT)

Name: ERIN BETH HARRIST

Address: 199 Water St, 6th Floor

I represent: Legal Aid Society

Address: 199 Water St.

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: 6/12/23

(PLEASE PRINT)

Name: Arthur Fitting LGBT Prog. Manager.

Address: 220 East 42nd St 5th Floor

I represent: VNS Health Formally, Visiting Nurse Service of NY

Address: 220 East 42nd St.

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