City Council Budget Hearing

Testimony by Chief Medical Examiner Dr. Barbara Sampson

Fiscal Year 2018

Good morning Chairman Johnson and members of the Health Committee. Thank you for the opportunity to testify here today. We at the Office of the Chief Medical Examiner value your leadership and thank the City Council for its support of our mission to serve the people of New York City during their times of profound need.

I am Dr. Barbara Sampson, the Chief Medical Examiner for New York City and my duty is to protect the public health and to serve criminal justice through forensic science. My personal mission is to build our medical examiner's office into the ideal forensic institution: independent, unbiased, immune from undue influence, and as accurate as is humanly possible.

Seated with me are Dina Maniotis, Executive Deputy Commissioner for Administration, and Florence Hutner, General Counsel.

I want to begin by recognizing Mayor Bill de Blasio as he continues to harness the power of his administration to make NYC the most vibrant, fair, safe and strong city in the nation. Deputy Mayor Dr. Herminia Palacio has also been a true partner to OCME and I want to acknowledge the continued support and advocacy she provides on our behalf. Without these strong partnerships we could not pursue our ambitious initiatives to meet the evolving demands of forensic medicine and science and to achieve our purpose which is to provide answers in support of decedents' families and victims of crime and their families.

Our strong role in guarding public health, which is one of our core critical missions, can be seen as we confront the crisis of unintentional drug overdose deaths which has swept the country. This increase in overdose deaths is primarily due to opioids, including the highly lethal drug fentanyl - a synthetic opioid 50 to 100 times stronger than the painkiller morphine. Earlier this

month, Mayor de Blasio and First Lady McCray launched *HealingNYC,* a new comprehensive effort to aggressively reduce opioid overdose deaths by 35% over the next 5 years. This investment will strengthen our city and will directly and profoundly impact the families we serve. The NYC OCME is central in addressing the opioid epidemic in NYC. We provide invaluable data to relevant stakeholders at the local, state and national levels regarding drug-related fatalities so that our public health and public safety partners can gain a better understanding of the city's drug environment and ultimately prevent overdose deaths and save more lives.

The OCME has also closely partnered with the NYPD, DOHMH and the NY/NJ HIDTA program of the US Office of National Drug Control Policy, among other key stakeholders, to disrupt the opioid crisis through the RxStat initiative and the RxStat Operations Working group. This collaboration has fostered an unprecedented level of data sharing in as close to "real-time" as possible, the timeliness of which is critical in fully investigating suspected overdose deaths and trying to prevent additional overdose fatalities. This partnership represents a primary example of how the OCME will help to accomplish the goals set forth by the Mayor and First Lady in *HealingNYC* .

Also central to the OCME's role in helping to address this epidemic is drug toxicology testing, and I now turn to the developments in our Forensic Toxicology Laboratory.

We have reduced Forensic Toxicology Laboratory turn-around-times to 22 days, down 80% from 108 days for the same period of the previous year for medical examiner cases, DWI cases and drug-facilitated sexual assault cases. These impressive results are due to a number of factors including intensive efficiency and processing engineering efforts.

As a result of the appearance of fentanyl, either alone or in combination with other drugs such as heroin, in increasing numbers of drug-related deaths, the OCME began routine screening of nearly all autopsy cases for fentanyl as of July 1st, 2016 and completed a retrospective screening

of all cases going back to January 1, 2015.

The latest improvements in the laboratory allow us to routinely identify a wider range of synthetic opioids, such as furanyl fentanyl, despropionyl fentanyl (or 4-ANPP), parafluorobutyryl fentanyl and U-47700, in addition to the fentanyl. This will be further expanded to include carfentanil, a potent analog to fentanyl that is currently outsourced in targeted cases. In the past 12 months we have upgraded key instrumentation and trained our scientists to detect synthetic opioids. Complete validation and implementation of these tools into the Laboratory is expected by the end of July 2017.

Through HealingNYC, OCME is now slated to receive an additional $1.6M from the administration in fiscal year 2018. With this funding we will continue to build our toxicology laboratory's capabilities as well as recruit, hire and train 2 additional toxicology criminalists, 2 additional medical examiners, and 5 more medicolegal death investigators to address the increasing number of opioid related deaths, and to expand and improve the investigation of each suspected drug overdose fatality.

We also made significant strides in our Forensic Biology Laboratory. The OCME is fully committed to staying on the cutting edge of new technology to best meet the demands of a rapidly changing scientific world while effectively serving the City of New York.

As of January 2017, we acquired and implemented a trio of new technologies in the Forensic Biology lab. The suite of products is the Promega PowerPlex Fusion STR amplification kit, SoftGenetics GeneMarker HID analysis software and STRmix fully continuous probabilistic genotyping software. These new technologies enable the laboratory to better discriminate mixtures of minute samples of DNA to more effectively exonerate the innocent and assist in convicting the guilty. We are replacing our DNA technology, not because our older technology was flawed, but because advances in science enabled it. After conversations with the City Council last year the OCME has published extensive validation documentation on its public facing website.

In our continuing pursuit of knowledge to support high risk families and in collaboration with the Institute for Genomic Medicine at Columbia University Medical Center, our Molecular Genetics Laboratory published a pilot study, entitled "Whole Exome Sequencing Reveals Severe Thrombophilia in Acute Unprovoked Idiopathic Fatal Pulmonary Embolism," in a member of the *Lancet* family of journals, eBioMedicine, in February 2017. Using advanced molecular genetics tools, we found that a substantial number of people who died of this condition had severe thrombophilia due to natural anticoagulant genetic defects.

In closing I would like to provide some clarity on one particular issue. Occasionally families voice concerns regarding the length of time the office takes to release decedents' remains or to finalize ME autopsy reports. Scientific standards require that we make every possible effort to positively identify each of the thousands of decedents whose deaths we investigate every year with scientific rigor to determine their cause and manner of death. In those exceptional instances where more advanced methods are needed, the medical examiner process becomes more complex and time intensive. My dedicated staff and I appreciate that any delay in our service, even when scientifically necessary, causes hardship for families. Particularly in such circumstances we take great care to work closely with families and support them through this difficult process.

To summarize our budget the OCME non-Grant expense budget reflects funding of $68.4 million in FY18, including a budgeted headcount of 643; and a ten-year Capital plan totaling $71.36 million.

I am happy to answer questions.

Testimony

of

Mary T. Bassett, MD, MPH, Commissioner

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

FY 2018 Preliminary Budget

March 29, 2017
Council Chambers, City Hall
New York, NY

Good morning, Chairman Johnson and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Dr. Oxiris Barbot, First Deputy Commissioner, and Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2018.

This is the start of my fourth year as Commissioner of the largest – and strongest – urban health department in the world. Over the last three years, my staff has worked tirelessly to protect and promote the health of all New Yorkers, but we have not done it alone. I want to thank the Council, this Committee, Chairman Johnson and Speaker Mark-Viverito for being our partners and champions in this work. Together we are well on our way to Ending the Epidemic of HIV/AIDS in New York City, the epicenter of the disease outbreak in the 1980s. In 2015, for the first time since mandated HIV reporting in New York State began, the number of new HIV diagnoses fell below 2,500, with ***no*** infection diagnosed among infants born in our City. And with the Council we have paved the way for more equitable treatment of transgender New Yorkers by creating an efficient process for obtaining a gender marker change on a New York City birth certificate. Since January 2015, 731 amended birth certificates have been issued to transgender individuals – up from 20 a year in 2012 and 2013. When public health surveillance showed a sharp and steady rise in emergency department visits related to synthetic cannabinoids, or K2, the Council's quick action gave City agencies the necessary powers to stop the sale of this dangerous substance and prevent further public health harm. And our response to the largest outbreak of Legionnaires' disease ever seen in this City – the first large-scale effort in North America to regulate cooling tower operations and maintenance – is being looked to as a national model.

In all of our work, we have focused relentlessly on reducing the unjust distribution of health and wellbeing in our City. We have done this in two principal ways: first, by naming racism as a key determinant of health outcomes and second, by strengthening our community presence and engagement in neighborhoods with the greatest burden of disease.

Last year, we launched Race to Justice, a comprehensive effort to examine how structural racism, implicit bias, unjust practices and discriminatory policies embedded in the health care and public health system and all of our institutions impact our decisions, interactions and priorities. This look inward reflects a message I have worked hard to push externally – that we must name racism and make injustice visible.

While Race to Justice is just starting, the preliminary feedback is telling. We surveyed more than 3,000 employees – nearly half of the agency – and the majority of staff said they would like to be more active in addressing this issue. A diverse team of employees has recommended structural and policy changes within the Department, especially with regards to community engagement, budget and contracts, communications and workforce development and inclusion. I look forward to seeing the results of this important endeavor in the years to come.

The Department will soon officially launch three Neighborhood Health Action Centers in Tremont, East Harlem and Brownsville, neighborhoods with disproportionally high rates of chronic disease and premature death. We are reimagining District Health Centers. The Action Centers will bring a number of opportunities together under one roof – for example, a Federally-Qualified Health Center, a Family Wellness Suite, a multipurpose room for fitness and group activities and so much more. Partners, including community-based organizations, clinical providers and sister agencies have already moved in, and our teams are beginning to activate the spaces. One partner in Harlem noted he has seen more people enter the building in the past three months than in the past nine years.

And the Board of Health continues to enact measures to improve the health and wellbeing of New Yorkers. I am thrilled that the New York State Supreme Court and Appellate Division upheld the sodium warning rule, the first of its kind in the country to require chain restaurants to post a warning icon on their menus indicating items that contain excessive amounts of sodium.

While we have made strides, our work is not finished yet. It's critical that we not lose sight of the leading causes of death in this city, which continue to be related to chronic disease, in particular tobacco and unhealthy food. New York has long been a leader in tobacco control. It remains true that if you smoke, the single most important thing you can do for your health is to stop smoking. Obesity and diabetes continue to cast a shadow over our future health trends. I look forward to working with the Council on these issues in the coming year.

City Budget

I want to turn now to the preliminary budget. The Department has approximately 6,000 employees and an operating budget of $1.5 billion, of which $597 million is City Tax Levy. The remainder is federal,

State and private dollars. The budget is the blueprint to ensuring that all New Yorkers have a chance to live a healthier life. It lays out our priorities and identifies our values as an agency, Administration and City. The fiscal year 2018 preliminary budget continues the Department's focus on improving every community's health and making strides in groups with the worst health outcomes. I thank the Mayor and the Council for their support.

Specifically, the preliminary budget includes an additional $4.5 million for Cure Violence. For more than a decade, the Department has defined violence as a public health concern. We've used our strongest asset – surveillance data – to confirm that violence can spread through communities like an infectious disease. Even though New York City is the safest big city in the country, there are neighborhoods where gun violence continues to be a real threat. The Cure Violence program, housed within our Center for Health Equity, applies methods used to stop deadly infectious diseases, such as cholera, to violence prevention. These methods interrupt "disease" transmission, working with individuals at highest risk and changing community norms. Using this model, Cure Violence deploys credible messengers to interrupt the spread of violence fueled by revenge, mentors high-risk youth toward positive life choices and mobilizes community members and organizations to reject violence. What started as three sites in 2011 has grown to 18 sites. All sites recorded no shootings during the month of February, and in 11 sites there has not been a single shooting in more than 100 days. Fiscal year 2018 funding will allow us to increase the operating budget of all 18 sites by 50 percent, enabling them to hire additional staff and increase their capacity for supportive services. We look forward to continuing to work with the Council on this innovative public health approach to violence prevention.

Also, the Mayor and First Lady recently launched HealingNYC, a comprehensive effort to reduce opioid overdose deaths by 35 percent over 5 years. I am excited to report that this plan will add $9.5 million to the Department's fiscal year 2018 budget for critical investments to address the opioid epidemic. The funding will be used to quadruple our naloxone distribution each year at full ramp up, conduct outreach to high risk communities, expand buprenorphine treatment and launch public awareness campaigns to make more New Yorkers aware of the risks of opioids.

State Budget

Before a final State budget is adopted, I want to bring a couple of items to your attention that could affect the Department's operating budget going forward. I have also expressed my concerns to your colleagues in Albany.

The Governor's executive budget includes a cut in State aid provided to the Department under Article 6. As you know, Article 6 funding provides partial reimbursement to every county in the State to support local public health activities and services. The proposed cut, which would only affect New York City, would reduce our reimbursement from 36 percent to 29 percent. For fiscal year 2018, this translates to a loss of $32.5 million. If the cut stands, the Department would be forced to reduce the number of TB public health advisors and asthma counseling staff, reduce funding for tobacco and obesity media campaigns, distribute fewer naloxone kits and close one of our eight Sexual Health clinics. The rationale for singling out New York City is that we have greater access to federal funding than other counties. However, the federal funding we receive is earmarked for specific programs and cannot be used for the programs affected by cuts to Article 6. Moreover, federal funding itself is at risk, which I will describe in a moment. I want to thank the Senate and Assembly for rejecting this cut in their one house budget bills.

The Governor's executive budget also threatens the fiscal stability of the nearly 150 School-Based Health Centers in New York City, which provide comprehensive primary medical care, dental, vision and mental health services at no out-of-pocket costs to all students, regardless of insurance status. These facilities increase access to health care for youth in our public schools, help reduce emergency department visits and prevent unnecessary hospitalizations. As in past years, the Governor's plan would fold these vital programs into the State's Medicaid Managed Care program, ending fee-for-service billing, causing some centers to close. The Assembly and Senate have included language that would permanently carve out School-Based Health Centers from Medicaid Managed Care in their one-house budget bills, and I hope you will lend your support as you have in prior years. At a time when our safety net providers are more important than ever, we cannot afford to lose any of these vital facilities that serve children in the neighborhoods that need them the most.

Federal Budget

The Department is also closely monitoring Congress and the White House. As we all know, there is much uncertainty in Washington these days, and a lot is at stake that concerns the health of New Yorkers. I am pleased that the House pulled the American Health Care Act from the floor last week. However, the dismantling of the Affordable Care Act (ACA) remains a threat under this Administration. In New York City, since 2010, we have seen the uninsured rate across all ages drop by more than a third, to a current all-time low of 9.3 percent. The repeal of the ACA would likely reverse this trend, and up to 1.6 million New York City residents could lose their coverage. Those that manage to keep their health insurance may pay more for fewer benefits or go without needed care. New Yorkers have come to rely on the protections afforded by the ACA – preventive services like immunizations and cancer screenings, annual wellness visits for Medicaid patients and prescription drug coverage for Medicare recipients. All of these potential reductions will put a strain on the public health and public hospital systems and lead to poorer health outcomes for our neighbors, families and friends.

The President's budget blueprint does not provide many details regarding public health funding, but the proposed 18 percent cut to the Health and Human Services budget would likely have a significant impact on the Department's federal funding. Specific areas of concern include the Prevention and Public Health Fund, which may be impacted by the appropriations process and is 12 percent of the Centers for Disease Control and Prevention's (CDC) budget. The Department receives $12 million from the Fund each year to target lead poisoning prevention programs, prevent chronic conditions like diabetes and hypertension, support our Public Health Laboratory and support activities related to vaccine preventable disease. And the Department's CDC emergency preparedness grants amount to around $30 million each year. New York City is one of four cities directly funded by the federal government, which allow us to efficiently respond to public health emergencies and bioterrorism threats.

We also face the threat of a funding cut to Title X, and the elimination of federal funding to Planned Parenthood. The loss of financial support for lifesaving preventive care, including cancer screenings, prenatal visits and contraception services, would have a devastating impact for many New Yorkers who rely on organizations like Planned Parenthood for this health care.

Concluding Thoughts

Despite the very real challenges we face in Albany and Washington, I am grateful for a City budget that supports the Department's work and advances our goals to protect New Yorkers, preserve communities and make our City healthier. And I'm grateful for the strong support, both budgetary and programmatic, that we have from this Committee and the Council. Before closing, I want to acknowledge my excellent leadership team, who are here with me today, and all of the Department's employees for continuing to achieve so much on behalf of all New Yorkers. They bring expertise and passion to our work every day. I am happy to answer your questions.

NYC HEALTH + HOSPITALS

NEW YORK CITY COUNCIL

FISCAL YEAR 2018

PRELIMINARY BUDGET HEARING

COMMITTEE ON HEALTH

STAN BREZENOFF
NYC HEALTH + HOSPITALS

INTERIM PRESIDENT

AND

CHIEF EXECUTIVE OFFICER

MARCH 29, 2017

Good afternoon Chairman Johnson and members of the Health Committee. I am Stan Brezenoff, Interim President and Chief Executive Officer of the NYC Health + Hospitals. I am joined by P.V. Anantharam, our Chief Financial Officer, Dr. Ross Wilson, our Chief Transformation Officer and John Jurenko, our Vice President for Government & Community Relations, as well as leadership from Health + Hospitals. Thank you for the opportunity to testify on our financial plan, transformation efforts, as well as other programmatic initiatives.

Before I proceed with my testimony, I would like to acknowledge and thank Chairman Johnson for being a strong supporter of public health care, and NYC Health + Hospitals. We look forward to working with you, and your colleagues in the Council in fighting back the dangerous policies coming out of Washington that will affect not only our patients, but all New Yorkers.

I would also like to thank members of the Commission on Health Care for Our Neighborhoods for their recently released recommendations, which will help to inform Health + Hospitals comprehensive plan to transform into a high-performing, competitive, and sustainable community-based system. Our need to transform is predicated on two imperatives:

1. The need to better serve our patients and communities by enhancing access to ambulatory care; addressing social determinants of health; and right-sizing

our clinical services to provide 21st century health care for all New Yorkers, regardless of their ability to pay.

2. A major financial challenge brought on by higher costs to run our system; and reimbursement policy changes that has yielded a shortfall associated with being the City's single largest provider of care to Medicaid and uninsured patients.

This need is intensified by the budget and policy uncertainty emanating from Washington. More than ever, we are committed to caring for all New Yorkers as effectively and efficiently as possible.

When we testified before the Council last year, we were working to close our FY17 gap through a series of transformation initiatives that sought to improve our budget by $779 million. We expect to be successful in closing that gap. We are on track to achieve $661 million in increased revenue, and $118 million from savings. Specifically, we have done this by:

Revenue:

1. Growing our Medicaid revenue by participating in the New York State Care Restructuring Enhancement Pilots (CREP) and Value-Based Payment Quality Improvement Program (VBP-QIP). ($390 million)
2. Increasing revenue from MetroPlus. ($102 million)
3. Earning additional Delivery System Reform Incentive Payment Program (DSRIP) payment. ($45 million)
4. Increasing Upper Payment Limit (UPL) funding. ($45 million)
5. Improving revenue collection through revenue cycle management. ($55 million)
6. Increasing reimbursement earned through Federally-Qualified Health Center (FQHC) status of our Diagnostic and Treatment Centers. ($25 million)

Savings:

1. Reducing costs by leveraging economies of scale in purchasing. ($63 million)
2. Reducing the use of overtime, temporary staff, and closely monitor our headcount to achieve savings through attrition. ($55 million)

This will allow us to end the fiscal year on target with a cash balance of approximately $100 million, and meet our obligations with the City.

Revenue Enhancing Initiatives Highlights:

Grow value-based payment arrangements. Health + Hospitals is expected to receive $390 million through CREP/VBP-QIP, which is a 5-year initiative in which the system partners with OneCity Health, and managed care plans to incentive and support the transformation to value-based payment arrangements.

Increase MetroPlus Revenue. MetroPlus is expected to deliver more than $102 million in additional revenue by the end of this fiscal year. It has met its revenue targets so far through risk management of its population, achieving high quality scores that result in bonus funds, and significant membership growth in the Essential Health Plan line of business.

Earn additional DSRIP payment. Health + Hospitals will receive $45 million in DSRIP funding to promote community collaboration and system reform with a goal of reducing avoidable hospital use by 25% over 5 years.

Increase UPL funding. The State is converting certain amount of funding to support DSRIP program funding objectives. As a result, Health + Hospitals expects to receive $45 million in payments.

Improved revenue collection from insurance companies and Medicaid. Health + Hospitals is on track to meet a target of $55 million in additional revenues associated with a focused effort to ensure that we are billing for the care provided to insured patients.

This work on "revenue cycle management" is a critical element in becoming more operationally efficient. In an increasingly complex billing environment, these focused efforts are needed to ensure that Health + Hospitals is getting all of the funds it is entitled to receive from health plans and the Medicaid program for the care it provides to insured patients.

Garner additional reimbursement through FQHC status. After several years of working with federal officials on obtaining FQHC status for our Diagnostic and Treatment Centers, Health + Hospitals has earned extra reimbursement for services provided at Gotham Health and related satellite sites. We are expecting to achieve $25 million in extra revenue through this effort.

Cost-Reduction Initiatives Highlights

Realize economies of scale in purchasing. Health + Hospitals is on track to reduce spending on supply chain by nearly $63 million in FY17. This major push to extract savings through contract negotiations with suppliers and vendors, as well as efforts

to improve our supply chain management, is another essential part of our work to enhance our operating efficiency.

Reduce overtime, use of temporary staff, manage headcount, and find other personnel cost efficiencies. Health + Hospitals is staffed by a dedicated workforce, and we need to strengthen it and make it more efficient. Personnel costs are 70% of our overall costs, and we are closely monitoring our headcount. We have had substantial success in this regard this year through an attrition-based workforce reduction strategy. At the same time, we are scrutinizing the use of overtime and agency staffing to reduce our workforce. Our efforts have put us on track to achieve $55 million in renewable savings in personnel costs.

While this is positive news on our budget, we are not complacent. It will take constant vigilance to achieve increased revenues and savings, which are more important now given the significant threats to federal funding. Last Friday, we avoided a catastrophic blow with the pulling of the Affordable Care Act (ACA) replacement plan – the American Health Care Act – from a vote by the House of Representatives. While this is a short-term victory, we know that budgetary, regulatory, legislative and other administrative actions will continue to pose risks to the ACA.

As reminder, if the ACA were fully repealed, New York State estimated that 2.6 million New Yorkers would lose health insurance coverage, including up to 1.6 million residents of New York City. Based on this estimate, more than 200,000 Health + Hospitals patients would be at risk of losing coverage. Moving forward, we will continue working in partnership with the Mayor's Office, members of New York City's Congressional Delegation, our colleagues in hospitals nationwide, our union partners, community based organizations, healthcare advocates and our hospital association partners against potentially damaging actions.

As we look to FY18, I am encouraged that all the groundwork that we have laid this year in FY17 has provided us with a running start that will produce real savings next year. A lot still remains to be done and we are redoubling our efforts in improving our revenue cycle, supply chain, and through operational efficiencies. We will be ready to provide more details on these efforts at the upcoming FY18 Executive Budget hearing. While we are focused on these items, it is important to note that a portion of the FY18 gap is a result of the first year of federal Disproportionate Share Hospital (DSH) funding cuts scheduled to occur later this year.

DRIVING QUALITY AND COMMUNITY HEALTH

Transformation at Health + Hospitals is about changing our clinical and operational approach to proactively keep patients healthy and conveniently serve them in the communities where they live and work. Transforming from sick care to health care means ensuring access to routine primary and preventive care. Health + Hospitals is expanding this care as well as providing better care management, population health approaches, and linking patients up to social services to more effectively meet their needs and help address social determinants of health.

Primary and preventive care helps our patients manage their chronic conditions, like diabetes and high blood pressure, so they don't suffer avoidable complications. We have continued to sustain improvements in appointment availability for primary and preventive care. Since January 2015, there has been a 65% decrease in our wait time for new adult primary care patients, from 55 days in 2015 to 19 days in 2017. Likewise, for new pediatric patients, there's been a significant decrease in wait times - 57% - for this same time period.

Health + Hospitals is integrating behavioral health and primary care to provide more holistic care to our patients. We are doing this by increasing access to depression screening in maternal health and other at-risk populations and providing increased mental health support for victims of domestic violence in Family Justice Centers.

Health + Hospitals recently launched a digital campaign to encourage women to access our high-quality, affordable, and culturally responsive medical, family planning, and mental health services. We are also reassuring them that we will maintain access to all, across all five boroughs, regardless of immigration status or ability to pay.

We are extremely concerned about the threats to these preventive and primary care services. But I want to assure the Council that Health + Hospitals is committed to protecting these critical safety net services and will do whatever is necessary to ensure that access is available for our patients and all New Yorkers who need them.

Recently, the Mayor announced *HealingNYC*, a comprehensive effort to reduce opioid overdose deaths by 35% over the next five years. Health + Hospitals is a key partner in this initiative, reinforcing our commitment in this area to develop a system of excellence. We will assist an additional 20,000 New Yorkers to gain access to medication-assisted treatment by 2022 through the transformation of our substance use care models.

Health + Hospitals will do this through several modalities. With a focus on addiction prevention, we will become a leader in reducing over prescription by training physicians about pain management without prescription opioids and/or with less frequent prescription opioids. With a focus on overdose prevention we will establish

routine naloxone dispensing in across clinical settings. With a focus on highly-effective treatment, we will more than triple the number of providers (from 100 to 450) certified to prescribe buprenorphine for the treatment of opioid addiction; we will increase the number of patients served in our methadone clinics; and we will launch addiction medicine consult teams at four of our facilities.

We are also pleased to announce that we have made enormous strides to enhance behavioral health services, particularly at NYC Health + Hospitals/Kings County's. We are gratified that the U.S. Department of Justice has acknowledged these necessary improvements and ended oversight of our program, marking a successful transformation to a high quality, patient-centered psychiatric program that is dramatically improving the experience of the 11,000 New Yorkers it serves every year.

An essential component of our transformation work is improving clinical quality. The Leapfrog Group the only independent ratings program that focuses solely on how effectively hospitals keep their patients safe, recently awarded the highest grades of A or B, to only five hospitals in New York City for patient safety. Notably, all five hospitals are part of our system. The Leapfrog Hospital Safety grade uses 30 measures of publicly available hospital safety data to grade more than 2,600 U.S.

hospitals twice per year. These grades are calculated by top patient safety experts, peer-reviewed, fully transparent, and free for the public to see.

We recently announced work on an initiative to centralize laboratory services with Northwell Health. This is a joint venture to provide a state- of-the-art shared, centralized laboratory to be built in Queens. This initiative will enhance quality and patient service while reducing costs for both health systems and their hospitals. The 36,000-square-foot, two-story lab will primarily perform microbiology tests, including molecular diagnostics from local hospitals, clinics and physicians offices incorporating the latest technology and advanced robotic testing systems.

INFORMATION TECHNOLOGY AS A FOUNDATION FOR TRANSFORMATION

Upgrading our information technology infrastructure to support an integrated patient-focused approach for care delivery and more efficient operations is critical for transformation. Last April, Health + Hospitals began installing Epic, the industry leader for advanced, electronic medical record systems. This new system not only helps our clinicians to provide safe, high-quality, and efficient care, but also facilitates patients' secure online access to their medical records and convenient online services such as prescription refill requests and contacting their providers with questions.

Epic is now being used at Queens, Elmhurst, and Coney Island hospitals and has already helped to improve the quality of care at these hospitals. Since Epic was installed at Queens and Elmhurst, both hospitals were independently assessed by the Leapfrog group and received a **High Standards of Safety and Quality** in catching potential harmful, preventable errors related to medication administration. Since online prescription refills have been available, there has been approximately a 24% reduction in requests at these hospitals for in person appointments solely to refill medications, which frees up both the patients and our providers who can treat more patients.

Another important project paving the way for integrated clinical care across the Health + Hospitals system and enhancing operational efficiency is a Radiology Integration Program that will enable electronic sharing of images among system facilities and improve imaging workflow at individual care centers. This will enhance efficiencies by bringing the off-hour reading of images previously performed by outside radiologists in-house. The program is projected to save approximately $3 million per year when fully implemented at the end of this year.

Finally, implementing an enterprise resource planning system is an essential management tool that will improve the integration and efficiency of back office operations, such as supply chain, finance, and payroll/human resource functions

when fully implemented. The system will be rolled out in phases through 2019, and will integrate many back office functions into one single IT application to help reduce redundant tasks, save time and money, and support a high-reliability health system.

CORRECTIONAL HEALTH

We have made tremendous progress over the last year to improve the care that is provided in our City's jails. Correctional Health Services (CHS) has continued expanding its workforce, enhancing operational efficiencies, extending successful programs and services, and leveraging other Health + Hospitals programs and services to improve care during and after incarceration.

As part of Health + Hospitals, CHS has increased recruitment of highly qualified, mission driven health professionals as well as strengthening support for front line clinicians. They now have a unified mental health service with clinical supervisors in every mental observation housing and a clinical education office to support improvements in clinical practice.

They have improved operational efficiencies by streamlining EMS transport of male patients and improving access to care in a pilot with FDNY, Bellevue, Elmhurst and DOC. CHS is also now part of Health + Hospitals' supply chain system, giving broader access to medical/surgical supplies and equipment.

CHS is on track to triple the number of patients on hepatitis C treatment compared to last year. Efforts are well underway to open two new PACE units in 2017. We began operating a 24/7 enhanced pre-arraignment screening unit in Manhattan last November and have screened more than 14,400 people and avoided nearly 23% being transported to a hospital emergency department. Telehealth is now used with five specialty services at Bellevue and more installations are underway.

Beginning in FY17 and baselined in FY18 (through the Preliminary Budget), CHS will receive funding to improve quality and access to care, and strengthen our ability to comply with new and existing mandates. They will also be enhancing our substance use services as part of the City's opioid strategy.

CHS has been successful in leveraging Health + Hospital services to improve the care our patients receive both during and after incarceration. They have taken over specialty clinic scheduling for our patients at Bellevue to decrease wait times and improve access to care, and have improved continuity of care by sharing electronic health records with Bellevue and Elmhurst. Working with Coler, one of our long term care facilities, CHS has created new pathways to refer, evaluate and transfer patients to more clinically appropriate long term care settings. They established a process to expedite health and mental health appointments with our providers and

MetroPlus is present in the Rikers visit center and has enrolled 165 individuals in an insurance plan since December, 2015.

CAPITAL

I want to briefly highlight some key Capital projects that have received council support.

In Queens, work is underway at Elmhurst Hospital to renovate and expand its adult emergency room. The project is currently in a design phase, and we expect that it will be completed in 2019. We would like to thank the Queens Borough President and the Queens City Council delegation for their support.

On Staten Island, the Vanderbilt Avenue site will open this fall. This new $28 million, 18,000 square foot ambulatory care facility will offer comprehensive primary medical and mental health services for children and adults. The site will also feature an after-hours urgent care center to better accommodate patients' needs. I want to thank Council Member Debi Rose for her contribution to this project.

Metropolitan's LGBTQ Family Health Center design phase was completed in February. The solicitation phase has been completed and the project completion is estimated by January 2018. I want to thank the Speaker for contributing the funding to make this project possible.

I also want to thank Council Member Mathieu Eugene for his commitment to provide funding for Kings County Hospital to replace and upgrade needed medical equipment.

The renovation, expansion, and outfitting of the Roberto Clemente clinic will be completed by May 2017. Patients will now have access to behavioral health programs. We would like to thank Council Member Rosie Mendez for her unwavering support and contribution to the successful completion of this project.

We are also becoming more energy efficient through a dozen projects at our facilities. We have upgraded boilers that are far more efficient and use cleaner fuel oil. Through decreased usage and cost reductions, we have achieved $21 million in savings for the system. Our efforts have had the added benefit of reducing greenhouse gas emissions by 21% and we are on track to meet our goal of reducing greenhouse gases by 50 percent by 2025. Additionally, we have installed new window and lighting systems in many of our facilities. As a result of our efforts, over the last fiscal year, we have seen a decrease in energy use of more that 10 percent system-wide.

FEMA PROJECTS

In addition to the aforementioned ongoing capital projects we continue to work on key projects to rectify the damage caused by Hurricane Sandy and to make our facilities more resilient to protect them from future storms. We have been working closely with our partners in the Mayor's Office of Recovery and Resiliency and the New York City Economic Development Corporation on these initiatives. Projects to relocate and/or protect critical infrastructure equipment including electrical, mechanical, heating and ventilation units as well as projects to mitigate the effects of floods are underway at Bellevue, Coler, Coney Island and Metropolitan.

INSURANCE ENROLLMENT OUTREACH

NYC Health + Hospitals is working closely with the Mayor's initiative, GetCoveredNYC, to encourage and assist New Yorkers in signing up for health coverage. GetCoveredNYC is an ambitious partnership between the Mayor's Office, our health system, and other city agencies to proactively engage uninsured New Yorkers who have previously visited one of our patient care sites. This initiative builds on our existing programs to screen our uninsured patients to enroll them, if eligible, in health insurance coverage.

To maximize our effectiveness in this work, we are revamping our internal eligibility screening and enrollment processes, so that all uninsured patients who come to Health + Hospitals for needed health care or for enrollment assistance can be effectively screened for health insurance and work with personnel who can help them submit applications for coverage. We enroll thousands of patients every month, in addition to the thousands of our patients enrolled on-site at our facilities by our partners at MetroPlus and HealthFirst.

Making sure we take every opportunity to enroll our patients who are eligible for insurance is critical to protecting their health and the need for this work will likely grow depending on changes from Washington.

Additionally, we continue to participate in ActionHealthNYC, an initiative led by the Department of Health and Mental Hygiene. This program provides care management services for approximately 1,300 low-income New Yorkers ineligible for public coverage.

COMMUNITY INVOLVEMENT

Before I conclude, I want to mention what we are doing to expand our community outreach and involvement. Last fall, we held a series of meetings in all five boroughs and across diverse communities of New York City to help educate more than 300 interested New Yorkers about changes to the City's health care landscape, and to

learn from them about their own community's health needs and priorities. We partnered with the New York Immigration Coalition and Community Resource Exchange on these forums and we just posted the report on our website that outlines the key themes and findings from these conversations.

Lastly, I want to reiterate our commitment to our patients and to our communities during these unsettling times. Like you, we are working to serve and protect all New Yorkers. As a safety-net provider, NYC Health + Hospitals remains staunchly committed to caring for individuals and families regardless of their immigration status or ability to pay.

In December, I issued with Commissioner Nisha Agarwal an "Open Letter to Immigrant New Yorkers" to reassure all immigrants that they can receive medical care in any public health care setting without fear. Translated into 13 languages, we have worked with the Mayor's Office of Immigrant Affairs (MOIA) to promote this unwavering commitment to our patients through various mainstream and ethnic media outlets, as well as signage in our facilities and multiple distributions to members of our staff.

And lastly, we have also partnered with the MOIA, the New York Immigration Coalition, and New York Legal Assistance to host "Immigrant Health Care Rights"

panel discussions to help educate immigrant communities and provide access to information and resources. These forums are underway now, and address a variety of important health care topics affecting immigrants, such as health care rights, access to care, services and programs for immigrants, and privacy concerns regarding immigration status. I would like to thank you Chairman Johnson, Council Members Bill Perkins, Daniel Dromm, Mathieu Eugene, Carlos Menchaca, and Borough Presidents Gale Brewer and Eric Adams for co-sponsoring these events.

This concludes my written testimony, I'll now be happy to answer any questions. Thank you.

FOR THE RECORD

District Council 37, AFSCME Testimony
for NYC City Council Preliminary Budget Hearing on Health and Hospitals.
Wednesday March 29thth, 2017

District Council 37, AFSCME represents over 18,000 members in the NYC Health and Hospitals system, and another 4,000 in the NYC Department of Health. Our members are involved in every aspect of health care provision: DC 37 members working in clerical titles sign up patients for health insurance or Medicaid; Hospital Technicians and Institutional Services employees clean, feed and look after patients basic needs; Respiratory Therapists ease our patients' breathing; and Social Workers insure that patients are safely discharged to their homes or next step care. There are numerous other occupational groups as well that work in teams to insure NYC Health and Hospitals patients get the best possible care. We have excellent licensed professional partners among our sister and brothers in the New York State Nurses Association, the Doctor's Council, the Committee on Interns and Residents, the Communication Workers of America and more.

The Mayor and the City Council have heroically stepped up and provided nearly $2B in funding to support and modernize the Health and Hospitals system. Council members know the critical services that are provided in each of your communities since you are closest to the constituents and we thank you for your support. As you are aware, the funding problems H & H faces are complicated and related to the chronic underfunding and high number of uninsured patients relative to other facilities.

For the past two years District Council 37, along with our sister unions have been engaged in a joint labor and management effort to lobby for fair funding for our public health system. We were successful in securing unanimous passage in the Senate and Assembly to create a true safety net definition for New York State's hospitals. This legislation provided a fair and rational method to distribute funding based upon on the actual percentage of Medicaid and Uninsured patients served. Sadly, the Governor failed to sign this landmark legislation. Now safety net providers, including Health and Hospitals, are plunged into an even more uncertain funding scenario as the federal funds are unstable and there are still planned Disproportionate Share cuts in October of 2017, which may or may not be postponed by Congress. Already we are hearing that aggregate enrollments declined in the last week of open enrollment due to patient confusion. We also are beginning to hear reports of immigrant populations avoiding emergency rooms for fear of getting picked up by immigration. These fears are not accurate. Health and Hospitals is committed to providing care to all, regardless of insurance or immigration status. Avoidance of care will most certainly lead to more complicated health conditions for individuals, raise significant public health concerns, and result in higher overall costs to the system.

The care NYC Health and Hospitals provides costs far more than the system receives back in Medicaid revenue or in supplemental payments from the federal and state funds to support care for the uninsured. This must change in the future so that the dollars follow the patients and is commensurate with the care provided.

Health and Hospitals has been working to address its very serious structural budget concerns and has kept the Union regularly informed of the status. The budget is balanced for the remainder of this year without cuts to unionized staff. Careful analysis of current reporting structures resulted in consolidations of some inefficient models of staffing. Despite corrective actions, projected gaps remain in FY 18, of close to 2 billion dollars and growing in the out years. This is of tremendous concern to our members. For the past six months there has been a major cutback in overtime hours and replacement of staff who resign or retire. We are alarmed about the impact of these cuts on safe patient care. Safe patient care is the only reason our members are asked to work overtime and replacement staff is needed, and that need has not diminished. We do not want to see any more drastic actions that could put our patients at risk.

The Blue Ribbon Commission report released last week relies heavily on reducing inpatient capacity, partnerships with other hospital based systems and community based providers. We are concerned about maintaining the integrity of the public hospital system. We should not pay middle men and more administrative costs to do the work that we are already doing. In addition to the various data metrics the report references, the restructuring must follow the collective bargaining agreements and respect the careers of dedicated H & H employees.

At the state level, the answer to saving health care funds is NOT shifting more costs to the city. One proposal in the Executive budget cuts 100 million dollars over two years if the city fails to produce equivalent savings in increasing completed paid claims for preschool and school age children using Medicaid billable services through NYC Department of Education. This proposal is only punitive to the city and fails to create savings to the state, as any state match of funds is deducted from regular state school aid in any case.

Indigent Care Funding has to be fairly distributed: NYC Health and Hospitals is the single largest provider but doesn't get the money that is supposed to be dedicated to care for the uninsured. This was highlighted in a recent NY Daily News article, based on data from the Empire Center, that indigent care funds are not fairly distributed. DC 37 has been saying this all along. Now there is more documentary evidence:

> From the 2/6/17 NY Daily News "Take, for example, the city-owned Kings County Hospital Center in East Flatbush, Brooklyn. In 2015, it provided $111 million worth of medical care to the uninsured, the most of any hospital in the state. It got back just $15 million from the Indigent Care Pool.
>
> Over in Manhattan, meanwhile, internationally renowned New York-Presbyterian Hospital gave away $60 million in care, and got back $49 million from the (indigent care) pool. That's three times more funding than Kings County received, for delivering about half as much care."

Yet, the Executive state budget proposes to renew the Health Care Reform Act (HCRA) funding through 2020, without addressing the changes that are needed for the distribution of indigent care funds.

The Enhanced Safety Net legislation was intended to address this inequity. If funding was directed to hospitals that had greater than or equal 50% Medicaid and Uninsured expenses as a share of total expenses and greater than or equal to 2% uninsured expenses as a share of total expenses, the bill would have doubled the amount of safety net funds to true safety net providers. Since the Safety Net bill was vetoed, it is incumbent upon the Legislature and the Governor to come up with a budget solution that addresses this gross funding inequity. The following are points we are advocating with the state to provide more equity in funding.

- Employ Montefiore Math model: Extend to Safety Net hospitals the formula that allocates $50m to Montefiore Medical Center in order to increase access to care for Medicaid and uninsured patients through bond issuance.
- Create an enhanced rate for Managed Medicaid for safety net providers such as Health and Hospitals, using Tobacco Revenue funds in addition to state funds.
- Eliminate proposal to cut 100 million dollars over two years in cost shifting to New York City for school based health services from the Executive Budget.
- Compensate for federal cuts in disproportionate share funds.
- In the event of federal cuts or block granting of Medicaid funds, there must be a consultative process with the legislature regarding changes.

DSRIP progress report DC 37 and our sister and brother unions are developing a productive relationship around the implementation of the DSRIP program. The One City Health Workforce subcommittee has met several times over the last few months. So far, funds flow, job development and training for new jobs have been slow. As it was last year, the funding that was awarded to NYC Health and Hospitals One City Health was more than $800 million less than the projected costs and this was not addressed in last year's final state budget despite additional responsibilities placed on the One City Health PPS. Sufficient funding is essential for workforce plans to be addressed and care models to be properly implemented. Workers cannot simply take on additional tasks and perform new documentation requirements without the resources to do so properly. We urge the City Council to work with the NYS legislature and NY State Department of Health to allocate additional DSRIP funds for One City Health projects.

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The Arab American Family Support Center
Testimony on NYC 2018 Budget

March 29, 2017

Maha Attieh Health Program Manger/ NYS of Health Navigator

Good Afternoon and **Thank You** to NYC Council Health committee for giving me the chance to speak on behalf of our communities, My name is Maha Attieh, and I am the Health Program Manager and New York State of Health Navigator at the Arab-American Family Support Center since 2003. We are a non-profit and settlement house, operating out of 6 sites throughout New York City, and serving over 6,000 clients every year from the Arab, Middle Eastern, Muslim, and South Asian immigrant communities. Our Health Program connects our clients to free and low-cost health insurance, and we provide referrals to providers who speak our clients' languages. Under the Affordable Care Act, we have been one of the few Arabic-speaking Health Navigators and the only Arab American CBO as navigator Site in all New York State. In 2015 we enrolled 1147 individuals; in 2016 we enrolled 1245 individuals, our numbers increased because of the outreach to the community with NYC Access Health Funds. The majority of who were low-income Arabic speaking, sign up for health insurance.

Funding from Access Health NYC has allowed us to work in partnership with Medical Centers to expand our capacity to reach those in the community who need our services most. In Brooklyn and in Queens, the boroughs with the highest Arabic and South Asian immigrant populations, we were able to deliver workshops on topics ranging from health insurance options, Women's Health, Health + Hospital options to the dangers of prescription drug abuse and Presentations in schools and colleges. Every day, we are working to educate our community on their right to access health care, and helping them find the care they need.

Right now, our communities are more vulnerable than ever, and the fear our clients are feeling is real—as the hateful rhetoric in our national discourse continues to create anxiety in immigrant communities. Our clients are scared to visit the hospital or enroll in public health care. Recently a Yemeni-American man came to visit me, fearful for the wellbeing of his wife. His wife was at home, suffering from breast cancer, and afraid to visit the doctor or go to the hospital. Even though they are Green Card holders and enrolled in the Essential Plan, they thought that the Executive Orders targeting immigrants from Yemen, and other Muslim-majority countries, barred them from accessing healthcare. I helped explain them their rights, and helped find them an Arabic-speaking doctor. This Yemeni-American woman is now empowered to visit the doctor, and she is receiving care for her breast cancer.

We need to ensure that all New Yorkers understand how to access free and low-cost health care. Increasing the funds for Access Health NYC will help our CBO's expand the outreach to our communities. **The Access Health Initiative saves lives.**

THANK YOU

FPWA

Fulfilling the promise of opportunity

Testimony prepared for the
New York City Council's
Committee on Health

Hon. Corey Johnson, Chair

March 29, 2017

Prepared By:

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My name is Alexis Posey, and I am a Senior Policy Analyst at FPWA. FPWA would like to thank Chairman Johnson and members of the New York City Council's Committee on Health for the opportunity to testify on behalf of the Access Health Initiative today. Also, FPWA would like to thank the New York City Council for the inclusion of the Access Health NYC Initiative in both the FY16 and FY17 budgets. Since that time, the initiative has been greatly successful in connecting New York City residents to education and resources needed to obtain health insurance and quality health care.

FPWA is an anti-poverty, policy and advocacy nonprofit representing a network of almost 200 human service and faith-based organizations, serving over 1.5 million low-income New Yorkers of all ages, ethnicities and denominations each year. This gives us a comprehensive view of the complex social problems that face New Yorkers today and allows us to identify common ground among our member agencies so that we can have a greater impact as we advocate for vulnerable New Yorkers.

As FPWA envisions being a driving force of building a city of equal opportunity, we believe New York City must reduce health disparities by ensuring that all New Yorkers have health care access and coverage, and that targeted programs and policies are in place to address health crisis that have disproportionately impacted low-income, and disenfranchised communities, such as the HIV/AIDS epidemic. It is for this reason; **FPWA recommends the City Council provide an enhancement of the Access Health NYC Initiative to $5 million in the FY18 budget.**

Ensuring All New Yorkers Have Health Care Access and Coverage

Access Health NYC targets individuals and families who are uninsured, people with disabilities, People living with HIV/AIDS, LGBTQ, formerly incarcerated, homeless, speak English as a second language, and other New Yorkers experiencing barriers to health care access/information about health coverage and options and equips community-based organizations with the tools needed to better inform the communities they service to overcome barriers in accessing quality healthcare.

Access Health NYC was formed in response to New York City's high number of uninsured residents. According to a report published by the Urban Institute (Washington, D.C.), it was estimated that more than one million residents in New York City in 2012 were uninsured. While close to half a million people (n= 498,943) in this group were enrolled into Medicaid, Child Health Plus (CHP) and Qualified Health Plans (QHPs) in 2013 through the New York Health Exchange, which was developed as a result of the implementation of the federal Affordable Care Act (ACA), many New Yorkers continue lacking health coverage and do not know how to access or navigate the health care system.

Since receiving initial funding from the New York City Council in Fiscal Year 2015, Access Health NYC has made significant achievements in the effort to close the health access gaps. In year one:

- Successful collaboration of the funded four lead organizations and 12 community-based organizations was formed. These community organizations include: Make The Road in Brooklyn, Plaza Del Sol in Queens, and Boom!Health in the Bronx.

- FPWA, along with our coalition partners, created a video toolkit, which provides information about the Affordable Care Act and accessing healthcare. The video also includes personal stories of individuals and families who have been impacted because of lack of access to healthcare.
- **126 Trainings and Workshops** were held across the city, **5,926 individuals had been reached** through trainings, workshops, community events, and individual outreach, and **322,000 individuals have been reached** through ethnic media readership and viewership

In year two:

- Over **10,000 individuals have been reached** through trainings, workshops, community events, and individual outreach.
- Funding was allocated to fourteen additional organizations that specifically work with the formerly incarcerated, homeless, PLWHA, and differently abled populations.
- Additional supports to CBOs, addressing the potential changes to healthcare and the impact on marginalized communities.

In 2017, the Access Health NYC initiative provided resources to organizations across New York City in response to the concerns and uncertainty of thousands of residents in regards to healthcare. An **enhancement to 5 million dollars in the FY18 budget** will allow multiple CBO's from every council district to participate in the Access Health NYC initiative and carry on this critically important work.

nyic
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The New York Immigration Coalition
Testimony on NYC FY 2018 Budget

Claudia Calhoon, MPH

March 29, 2017

Good Afternoon. My name is Claudia Calhoon, and I am the Health Advocacy Director at the New York Immigration Coalition. I'm here today to talk about all the good things that the New York City Council-funded Access Health NYC initiative has done to justify its continuation and enhancement. In particular, I want to thank the New York City Council Committee on Health Chair Corey Johnson, and City Council Speaker Melissa Mark-Viverito for their incredible support in creating and sustaining this initiative to inform hard-to-reach populations about health rights and protections available to them in New York City.

The NYIC is an advocacy and policy umbrella organization for more than 150 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects. The NYIC Health Collaborative brings together immigrant-serving organizations from the frontlines of the battle to improve health access. We hear stories from our members on a daily basis about the urgent need for funding for immigrant groups to conduct outreach and education about health access in their communities. The NYIC is responsible for training for all awardee organizations funded through the Access Health NYC initiative. In this way we have had direct contact and know of the value of these resources for all of the organizations that taken advantage of the trainings.

As we approach its third year, the Access Health NYC initiative has become more important than ever. Immigrants in New York are entering an ever-deepening period of stress and vulnerability from changes and threats at the federal level. A capricious executive order aiming to block many lawfully permanent residents and all refugees from entering the country, renewed immigration enforcement activities across the nation, and a leaked draft executive order on public charge consequences for using public benefits for lawfully present individuals have created an intense environment of fear and insecurity.[1] Furthermore, the House of Representatives' initial proposal to dismantle the Affordable Care Act and destroy the Medicaid program promises to

[1] Under current US Citizenship and Immigration Services guidance, using non-cash assistance such as Medicaid and food stamps does not prompt public charge determination, or determination that someone is "primarily dependent on the government for subsistence." A draft Executive Order leaked in late January suggests that the Trump administration contemplates a change to this guidance. The current guidance is available at https://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet. Accessed on February 15, 2017.

deprive about one million New Yorkers of private market, Essential Plan and Medicaid coverage. Arguably no population in New York State is more vulnerable to losing ground than immigrant communities. In its current form, the proposal would roll back the definition of eligible immigrants from the ACA's "lawfully present" definition to the much more restrictive "qualified alien" criteria employed under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Additional changes promise to emerge in fast and furious waves. New York City administration and Council officials have publicly and passionately committed to protecting and supporting immigrant communities under attack from Washington. Ensuring accurate and timely information about access to health services and coverage must be part of this response.

In particular, during the week of the signing of the first executive order, we heard reports from health care providers of plummeting patient censuses that they attributed to fear among immigrants of using health care services or coverage. The following week, false reports flew across the city of Immigration and Customs Enforcement presence in Health + Hospitals/Kings County. We commend H+H for its rapid response to the rumors and for it Open Letter to Immigrants, which restates the system's strong commitment to care for all people regardless of immigration status. In this time of heightened fear and rampant rumor, it is critical to make a concerted effort to regularly reinforce messages about the safety of using the public health care system.[2] As changes to health insurance and public benefits come into effect, communities will urgently need updated information on what federal changes mean for them and where they can turn for health coverage and services. Even when changes do not occur at the frenetic pace that has been threatened, concern and confusion in communities is rampant and must be responded to in a timely manner.

This is where Access Health NYC becomes invaluable. The initiative provides critical funding to get complex, rapidly-changing, highly technical information to communities that are deeply affected by fear and instability. To date, based on voluntary reporting that we received from just 13 of the 17 awardees, we know that those organizations have provided 256 workshops, trainings and community presentations. Through these efforts and individual outreach, awardees have reached 10,158 individuals and referred 2,333 individuals to navigators, health care providers, and enrollment offices for food stamps and other social services. Through ethnic media outreach undertaken by Access Health NYC awardees, health access and coverage information has reached more than 300,000 individuals. Bearing in mind that all organizations have not shared their outputs with us, and that this work will continue through the end of this fiscal year, we note that the true impact of the program will be even higher.

Although our closest constituency at the NYIC is New York City's immigrant communities, we also note that many of the awardees reach LGBTQ, homeless, women, individuals with

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[2] http://www.nychealthandhospitals.org/wp-content/uploads/2016/12/immigrantCampaign_LetterFlyer.pdf

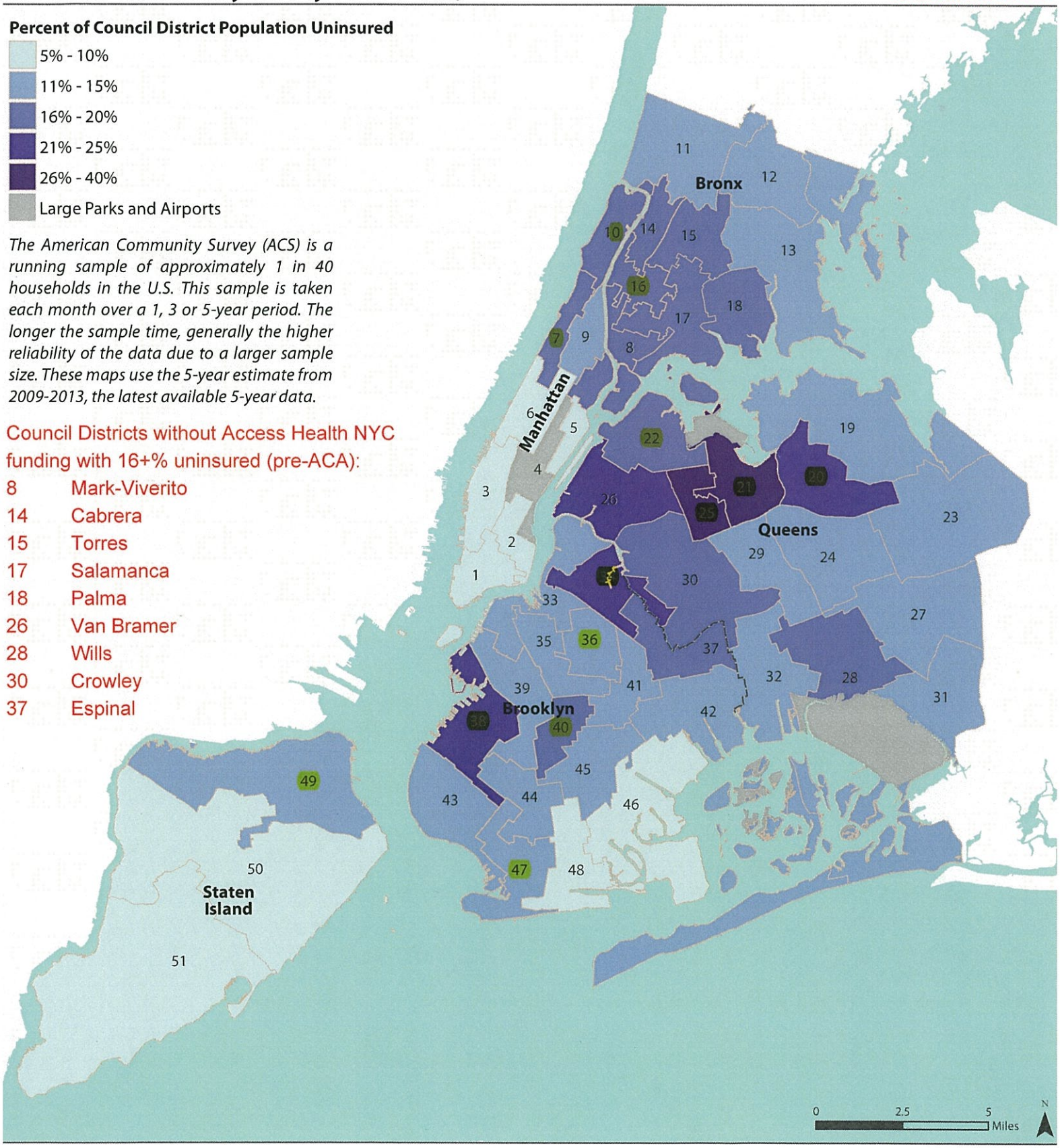
disabilities, and formerly incarcerated individuals. Many New York City populations will be increasingly vulnerable to changes emerging from the federal administration's agenda. While Washington has made particularly destructive attacks on immigrants, the administration seems to have all low-income and vulnerable groups in its sights. The current state of affairs calls for growth in the Access Health NYC initiative that reinforces the current structure of strengthening CBOs that serve a broad range of communities.

Given the threats to health access and equity imposed on us by federal changes, and the strong track record that the initiative has demonstrated in its first two years, we believe enhancing the initiative and increasing the number of organizations that receive funding is critical for New York's hard-to-reach communities. We are very grateful for the Council's commitment of $1 million in both this and the last fiscal year. We request an enhancement to $5 million in order to ensure that community-based organizations and community health centers reaching all New York City communities have resources and capacity to provide New Yorkers with correct information about health rights and protections in the year to come. Access Health NYC has been an unequivocal success in the thirteen Council districts it has served. It is time to ambitiously expand the initiative in order to confront the unique moment we live in.

Thank you for the opportunity to share this testimony today.

New York City Uninsured Populations by City Council District
American Community Survey, 2009-2013)

ACCESS HEALTH NYC
COMMUNITY IS THE KEY



The American Community Survey (ACS) is a running sample of approximately 1 in 40 households in the U.S. This sample is taken each month over a 1, 3 or 5-year period. The longer the sample time, generally the higher reliability of the data due to a larger sample size. These maps use the 5-year estimate from 2009-2013, the latest available 5-year data.

Council Districts without Access Health NYC funding with 16+% uninsured (pre-ACA):

8	Mark-Viverito
14	Cabrera
15	Torres
17	Salamanca
18	Palma
26	Van Bramer
28	Wills
30	Crowley
37	Espinal

cphs*
*Putting the public back in public health

Made for the People's Budget Coalition for Public Health.

Sources: NYC DCP, NYC DPR, NJ DEP, NYS CSCIC
2009-2013 American Community Survey.
2/12/15.

SAVI
Spatial Analysis and Visualization Initiative

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Bedford Stuyvesant Family Health Center

Testimony on NYC FY 2018 Budget

Suzanne Robinson Davis, MPhil, MSc

March 20, 2017

Good Afternoon, my name is Suzanne Robinson Davis and I am the Program Manager for the federal HIV grant at the Bedford Stuyvesant Family Health Center, a private, not-for-profit, Federally-Qualified Health Center located in Brooklyn.

Our Center is a safety net facility that targets the neediest within our primary service area. Demographic, socioeconomic, disease prevalence data & other vital statistics show that pockets of our target service area, particularly those communities where poor, Medicaid-eligible African Americans & Hispanics communities are the vast majority, have among NYC's highest prevalence of major chronic illness. We have the duty and privilege of uniting community to primary care, mental health, insurance access, housing, and food resources.

The Access Health Initiative has opened up a whole new world to the Center and the community as we have benefited from increased awareness through technical assistance and training, and knowledge of available insurance options which have both resulted in renewed hope to people who previously thought that the deck was just stacked against them.

After one year and four months since implementing the Access Health Initiative we have learned that the community is thirsty to be engaged and yearn to discuss how health affects them and their community. This should come as no surprise as participatory action results in voluminous response from communities. People gravitate to spaces in which they can freely share ideas, thoughts and experiences. Access Health funding creates these spaces and presently is the only funding source we have that is not limited by disease area or condition but addresses the broad spectrum of health, health engagement and insurance coverage.

I would like to take a moment to share two success stories with you.
First story occurred during our Health Beauty and Wellness Series when one of the participants who was without insurance for two years came to the event after hearing about it through our outreach efforts. The workshop showed the Access

Health Initiative video, which triggered her to act and we were able to connect her to insurance coverage immediately after the workshop. What was also impressive, was that she had a medical visit two days later after being out of care for two years.

Another success story, which is close to my heart, is that of an LGBTQ community member who expressed dissatisfaction with how insensitively he was treated by his provider who would not touch him without putting on two pairs gloves. He felt demeaned, discriminated and undervalued. He disclosed to our Health Educator, a position funded by the Initiative, that he was HIV-positive. We referred him to one of our LGBT competent providers. After his appointment he called our staff to say thank you! He had a great medical visit and loves his new provider who was friendly, nonjudgmental, and made him feel very comfortable. No gloves were required in the visit.

These are the stories, the everyday life experiences of regular New Yorkers many of whom would otherwise be without access to the high quality health care that they deserve. The Access Health Initiative makes a significant difference. It changes the landscape. It provides hope in the midst of fear and uncertainty. It is a pathway for everyone who calls New York City home.

Your work at the Council is ever so important. We know that we are your top priority. And so we call on you to re-fund the Initiative and to re-fund it at a higher financial commitment.

Thank you for this opportunity and for your kind attention.

New York City Council Health Committee Testimony- 3-20-2017

My name is Ronni Marks. I am here today as a patient who was cured of Hepatitis C two years ago. I am also a facilitator of support groups for 17 years at a leading NYC Hospital and the founder and executive director of the Hepatitis C Mentor and Support Group, so in addition to **being** a patient, I have experience **working with** both patients and providers. At HCMSG we provide education and supportive services for people living with Hepatitis C and HIV Co-infection throughout New York City. Educational groups and supportive patient mentoring services have been shown to be important elements of successful and cost effective medical care for patients with Hepatitis C and other chronic health conditions. These services improve the quality of life, as well as medical outcomes for patients. The trainings HCMSG provides for healthcare providers help them to have a better understanding of how to work with all patients, including high risk populations such as former and current drug users, the LGBTQ community, Youth and Women of child bearing age dealing with Hepatitis C, and those who are Co infected with HIV.

Approximately 2.4% of NYC residents 20 years and older have hepatitis C and 1.2% have Hepatitis B. Many are walking around unaware they have it. The incidence of liver cancer remains high among NYC residents.

This is why it is critical for the City Council to again support – and this year to expand – the City Council Viral Hepatitis Initiative. We need increased access to hepatitis C testing, treatment, syringe exchange services and the ability of New Yorkers to fill prescriptions at the pharmacy of their choice.

As a patient who has been cured from Hepatitis C and as a facilitator who works with patients, I can tell you firsthand what an impact this virus has on someone. It effects the whole body, not just the liver. Being cured has been the key to having people turn their lives around. There is such power in having supportive services and patient navigators. It is essential for patients to work with people who understand what they are going through and can help them get through the process, making it easier for patients to adhere to treatment. In many cases it has helped to reduce the feeling of stigma associated with having Hepatitis. It is important to address both the psychological impact as well as the physiological impact.

I have collaborated on the New York State Hepatitis C Elimination initiative, and I would like to see us all work to make this the model for the entire country, with NY as the first City and State to eliminate Hepatitis C. I ask that the Mayor include viral hepatitis the executive budget as well.

Tomorrow, March 21st, there will be a Viral Hepatitis Budget Briefing at 11 am at 250 Broadway on the 14th Floor in the Policy Conference Room. I encourage members of the Committee on Health and their staffers to please attend this important briefing.

Please help us make sure that all New York City residents have access to Hepatitis C testing, treatment and care regardless of race, gender, or economic status.

Thank You!

Testimony in support of expanded funding for viral hepatitis services in New York City

Health Committee Hearing, Wednesday, March 29, 2017

Council Members, Health Committee Chair and guests. I am honored to speak today on behalf of Treatment Action Group in support of expanded funding for the Viral Hepatitis Initiative. Treatment Action Group (TAG), founded in 1992 by members of the Treatment and Data Committee of ACT UP/NY, fights at all levels of government for better prevention, treatment access, a vaccine and a cure for HIV, TB, and hepatitis C virus. TAG strongly supports the expanded FY2018 budget request for the City Council's Viral Hepatitis Initiative. New York City bears a significant burden from the viral hepatitis epidemics, with approximately 100,000 residents living with hepatitis B and 146,500 living with chronic hepatitis C infection. At the recent New York State Viral Hepatitis Elimination Summit state elected officials, NYS DOH, NYC DOHMH and community leaders committed to elimination of hepatitis B and C as public health threats in New York State, presenting comprehensive recommendations to achieve those goals. Yesterday, the National Academy of Sciences released their National Strategy for Elimination of Hepatitis B & C: Phase Two Report, which includes detailed expert recommendations to achieve those goals on the national level. These efforts follow the World Health Organizations call to for global elimination of viral hepatitis by 2030. Community, providers, researchers and government are in consensus: elimination of viral hepatitis is feasible, we have evidence based recommendations to achieve it, and we need resources to fill in the gaps and to take concrete, measurable actions.

New York State and City are national leaders in the response to viral hepatitis. In order to continue our leadership, and to provide a model for other states faced with this public health challenge, New York City must continue and expand our innovative programs. Specifically, thanks to City Council funding, in 2016 the Check Hep B Patient Navigation Program linked hundreds of immigrant New Yorkers who speak over a dozen languages to care in 7 community sites. The Check Hep C Patient Navigation Program linked over 700 hard to reach New Yorkers to care, with 271 completing treatment. The Hep C Peer Navigation Program provided prevention services at 16 syringe exchange programs, serving both the "baby boomer" population, which includes approximately 70% of those with chronic hepatitis C infection nationwide, and younger people who inject drugs and are at high risk for infection. The Injection Drug Users Health Alliance (IDUHA) in New York City reports that 91% of people who participate in their harm reduction services have been tested for hepatitis C, a remarkable number considering that overall 50% of New Yorkers are unaware of their status.

We call on the City Council to expand the capacity of the existing Hep C Peer Navigation Programs and continue to fund the Check Hep C Patient Navigators. We ask that you expand the capacity of the Check Hep B program to add one more health center and to provide annual liver cancer screenings. We also urge City Council to fund the continuation of patient navigator services at Montefiore Medical Center in the Bronx, previously funded under Project INSPIRE, which has successfully cured over 500 people of their chronic hepatitis C infection. Recognizing the need to increase the pool of qualified providers to educate and care for people living with hepatitis B and C, we support funding for the Empire Liver Foundation clinical mentoring program, and the Hepatitis C Mentor and Support Group.

TAG would also like to thank those City Council staff who attended the viral hepatitis policy briefing on Tuesday, March 21st. I'd personally like to thank the office of Council Member Margaret Chin for her leadership on hepatitis B, which disproportionately impacts the Asian American community. We look forward to speaking further with her office regarding this expanded funding request, and to meeting with Health Committee members to ask for your support for the Council's successful Viral Hepatitis Initiative.

The entire nation is watching New York City's response to viral hepatitis. Let's show them we're building on success and moving towards elimination.

Thank you for your time and for the opportunity to testify before the Committee.

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Dear NYC Council Health Committee,

My name is Kenneth Mack and I am submitting this testimony to stress the importance of hepatitis C related services in New York City. I was screened for hep C in the summer of 2016 at VOCAL-NY; a Brooklyn based syringe exchange program and grassroots organization. It was then that I learned I had been living with hepatitis C. Immediately following my positive test results I was introduced to a Hep C Peer Navigator who accompanied me to and from my doctor appointments, which were scheduled for me the very same day I was tested for hep C. In addition to accompanying me to my appointments, my Peer Navigator gave me information regarding hep C and how to best prevent its transmission. Most importantly, my Peer Navigator checked in on my progress on a regular basis.

As a person directly impacted by hep C I began advocating for others like me by participating in numerous community protests. I'm proud to say that I was one of the many people who joined the Drug Utilization Review Board (DURB) protest. Fortunately the board lifted New York State Medicaid restrictions to treatment that were unfairly based on liver fibrosis scoring. The board's decision came shortly after the New York Attorney General's office was able to get several private insurance restrictions lifted. This allowed me to finally access the cure that I had been consistently denied. However, protests and lawsuits should not be a prerequisite to receiving treatment for a virus that kills more people than any other infectious disease nationwide, including the combined deaths of HIV, tuberculosis, and 58 other infectious diseases.

As a result of my positive experiences with a Hep C Peer Navigator, who even today continues to periodically check in on me, I feel inspired to become a Peer Navigator myself. I would like to play a role in the well-being of people like myself who have been cured of the hepatitis C virus, and are now living a healthier life, free of the epidemic. Experiences like mine are instrumental to eliminating hepatitis C. We have a cure, but without testing and the critical work of Peer Navigators many people will continue to be undiagnosed and untreated. Please consider my success story as one of the many reasons to continue funding these crucial programs in our city. Thank you.

Sincerely,

Kenneth Mack

Testimony of Hiawatha Collins, Harm Reduction Specialist at Harm Reduction Coalition
before the New York City Council Committee on Health
March 20th, 2017

Committee Chair Johnson, Committee members, and distinguished guests:

Thank you for the opportunity to speak today. My name is Hiawatha Collins. I am presenting today on behalf of the Harm Reduction Coalition and the Peer Network of New York in support of the proposed budget increase for the NYC Viral Hepatitis Initiative. I will be focusing my comments on the hepatitis C Peer Navigation program because I am responsible for coordinating the program and helping to support the peer navigations.

The Hepatitis C Peer Navigator Program provides funding to employ 2 Peer Navigators at all of the 15 NYC Syringe Exchange Programs as well as funding Harm Reduction Coalition to provide training, coordination, and technical assistance. Peer Network of New York meets once a month and it assist in the personal and professional development of the peers from across the city.

I would like to take a moment to thank you for your tremendous support in recent years, and to ask for your continued support for this fiscal year, as we collectively address the ongoing health crisis in our communities. For the last two years, the New York City Council demonstrated remarkable leadership by providing funds for the HCV Peer Navigators program as well as all the programs funded under the NYC Viral Hepatitis Initiative. The NYC Department of Health and Mental Hygiene (DOHMH) evaluation of the Peer Navigation program from July 1, 2014 – June 30, 2016 shows that:

- all of the 3,664 program enrollees received hepatitis C education,
- 2,078 participants were tested for hepatitis C,
- and at least 472 people were referred to hepatitis C medical care.

It is essential that the City Council continue funding the initiative and I urge you to increase the funding for the Peer Navigator program from $216,000 to $330,830 as proposed. Every dollar from the City Council also triggers a $0.56 match from the state, so this funding has a larger impact.

The proposed increase in funds would expand the available hours of services provided by hep C Peer Navigators at all Syringe Exchange Programs in the city. The program outcomes show that the City Council's funding is having a strong impact in some of the communities hardest hit by hepatitis C, but the program capacity and geographical coverage must be expanded in order to address the dramatic gaps in the City's hepatitis C treatment cascade.

The Harm Reduction Coalition and the Peer Network of New York believe that it is crucial that the NYC Viral Hepatitis Initiative is expanded this year. We hear a lot from the peers on the ground about the great work they are doing and how they feel when doing it. They are referring some of the most stigmatized and marginalized individuals into treatment. They do this in a non-judgmental and unbiased manner, the peers have lived experience so they can relate to the individuals they serve. They save the community on unnecessary hospital and ER visit by providing resources and many other needed services. With more funding more lives could be saved, the peers on the ground go into communities and reach those that were thought by some to be unreachable. Every life counts and the peers in these programs have a proven record of success and with more funding they can continue to save the lives of New Yorkers.
With more funding peers could get more hours to assist with the follow up of clients and there could be more peers hired on sights to be made available to cover shifts and times not covered. We do not want to continue to see people from the community being told to come back because

there isn't any available to assist until a certain time of the day or a particular day of the week. We want to also see funding that ensures that peers are being paid a fair wage for the work being done. The peers do a lot of work out there to ensure the individuals get the services they need. With more funding many of the gaps and or loops where individuals fall through could be closed or lessened greatly. Peers provide much needed education on the topic and it may be the first some individual hear this information. The peers are able to explain and provide the correct information and resources that may be needed. The peers have gained the respect of the communities they are in because they are seen as assets and vital part of changing NYC for the better.

In closing, I thank the New York City Council for their continued support. I invite each member to visit programs in their district and throughout the City to witness, firsthand, the impact of their leadership and resources to help the most vulnerable members of their community. We ask that City Council remain steadfastly dedicated to improving individual and community health.

Thank you.

FOR THE RECORD

Nurse-Family Partnership

Helping First-Time Parents Succeed®

Nurse-Family Partnership

Written Testimony Submitted to the NYC Council Committee on Health on the City Fiscal Year 2018 Budget

Renée Nogales, MPA

March 29, 2017

Good afternoon. My name is Renée Nogales, and I am the New York Business Development Manager for the national office of Nurse-Family Partnership, an evidence-based community health program that offers a comprehensive and holistic prevention model for first-time mothers living in poverty. I would like to start by thanking the New York City Council Committee on Health, Councilmember and the Committee Chair Corey Johnson, City Council Speaker Melissa Mark-Viverito, as well as the entire City Council for their tremendous support of the NYC Nurse-Family Partnership program. The program is implemented by the NYC Department of Health and Mental Hygiene along with several community partner organizations.

In Fiscal Year 2017, as a result of the leadership of Speaker Mark-Viverito and the Council, NYC Nurse-Family Partnership received $2 million that was matched by the de Blasio Administration. With this total $4 million City investment in the current Fiscal Year, the NYC Department of Health and Mental Hygiene has started to increase capacity to serve additional families in high-need areas across the city. Our review of **the City's Fiscal Year 2018 preliminary budget indicates that the Administration will again allocate $2 million for Nurse Family Partnership and I respectfully ask the City Council to also once again allocate $2 million to its Fiscal Year 2018 Nurse-Family Partnership Initiative** so that the program has the resources needed for this meaningful service expansion to continue.

Nurse-Family Partnership is one of the largest and most thoroughly studied community health programs. This national model operates in 42 states, six Tribal nations and one U.S. territory, and is backed by decades of research that show better pregnancy and birth outcomes; improved school readiness and child development; and improved maternal wellbeing and economic self-sufficiency. It also yields economic benefits to taxpayers. One independent analysis found that state and federal cost savings would average $39,153 per family served by the time the child reaches age 18, or nearly four times the cost per family. Societal benefits represent an $11.80 return for every dollar invested.[1]

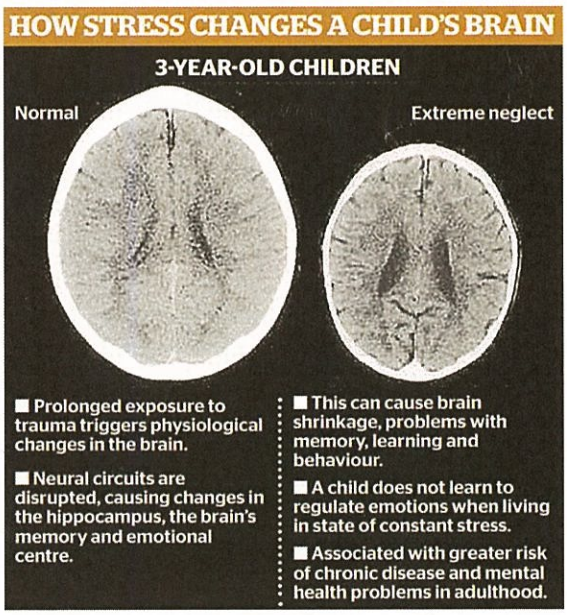
[1] Miller, T.R. (2015). Projected outcomes of Nurse-Family Partnership home visitation during 1996-2013, USA. *Prevention Science*. 16 (6). 765-777. In addition to this peer-reviewed publication, Dr. Miller of the Pacific Institute for Research and Development created state fact sheets (and one for NYC) that rely on a state-specific return on investment calculator and cost model that he developed and derived from published national estimates to project state- and city-specific outcomes and associated return on investment. The calculator is revised periodically to reflect major Nurse-Family Partnership research updates (latest revision: 2/8/2017).

The mission and goals of Nurse-Family Partnership embrace a disciplined and effective **two-generation strategy.** Each mother voluntarily enrolls in Nurse-Family Partnership and is partnered with a registered nurse early in pregnancy – though no later than week 28 – and receives frequent home visits until the child's second birthday. Home visits are always family-centered, strength-based and focus on encouraging positive life choices and behavior change.

Nurse home visitors form a trusting, therapeutic relationship with pregnant women, instilling confidence and empowering them to achieve a better life for their children and themselves. The nurses serve as mentors and, in some cases, as consistent lifelines for the young women who do not have a solid support system. They help mothers set goals for themselves, build their confidence and self-efficacy, and achieve milestones. Nurses do this by helping them believe that they can be successful, take charge of their lives, and forge a new path for themselves and their families – whether it be going back to school, finding more stable employment or finally having the strength and resources to leave an abusive relationship. These nurses are breaking the cycle of poverty one family at a time.

Why is Nurse-Family Partnership so important?

Babies who are born into, and experience the effect of, challenging environments in their early years – especially during the first 1,000 days – are much more likely to fall victim to *toxic stress.* The **toxic stress response** can occur "when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years" (Center on the Developing Child at Harvard University).



In 2001, **63.1% of children in NYC were born into poverty**. In some neighborhoods in the Bronx, Brooklyn and Queens, these figures jump to about 80% – 86%[2]. Nurse-Family Partnership intervenes at the most opportune time – when those pregnant, first-time mothers face challenges such as poverty, social isolation, abuse and other stressors. Our nurses enable women who are born into the most difficult circumstances to give their babies the care that is necessary for them to thrive during the critical early stages of development and beyond. Nurse-Family Partnership is helping to **build healthy brains as early as possible**.

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[2] https://www.cccnewyork.org/data-reports/keeping-track-database. The Citizens Committee of Children, *Keeping Track of New York City's Children.*

Forty years of research, replication and innovation show that Nurse-Family Partnership impacts health and social outcomes for multiple generations. Outcomes include short- and long-term improvements in health, child welfare, school readiness, crime and self-sufficiency. The program's strong evidence of effectiveness **predicts that New York City agencies can achieve outcomes** such as the following when implemented with fidelity:[3]

The effects of poverty on children's health are so pernicious that some doctors have called for classifying childhood poverty as a disease.

– The Urban Institute
Washington, D.C.

Nurse-Family Partnership ***promotes healthier pregnancies and birth outcomes:***

- 25% reduction in tobacco smoked
- 33% reduction in pregnancy-induced hypertension
- 15% reduction in births below 37 weeks gestation
- 37% reduction in closely spaced, high-risk pregnancies within 15 months postpartum during four years after the first birth
- 25% reduction in second births within 15 months postpartum (very closely-spaced births)
- 41.9 fewer subsequent preterm births per 1,000 families served

Nurse-Family Partnership ***has a significant impact on school readiness as well as healthy child and adolescent development:***

- 12% increase in mothers who attempt to breastfeed
- 48% reduction in risk of infant death (3.0 fewer deaths per 1,000 families served)
- 34% reduction in injuries treated in emergency departments, ages 0-2
- 14% increase in full immunization, ages 0-2
- 25% reduction in language delay
- Reductions in child mortality – 1.6% of children <u>not</u> in Nurse-Family Partnership died from preventable causes, including sudden infant death syndrome, unintentional injuries and homicide, while none of the Nurse-Family Partnership children died from these causes, through child age 20[4]
- 56% reduction in alcohol, tobacco, & marijuana use, ages 12-15
- 32% reduction in child maltreatment, through age 15
- 25% reduction in crimes and arrests, ages 11-17

Nurse-Family Partnership ***improves maternal self-sufficiency and wellbeing:***

- 17% reduction in assaults through intimate partner violence, prenatal to child age 5
- 7% reduction in TANF payments through year 13 postpartum
- 10% reduction in food stamp payments through at least year 15 postpartum
- 8% reduction in person-months on Medicaid through year 15 postpartum
- Subsidized child care cases reduced by 3.7 children per 1,000 families served
- Significant reductions in maternal mortality. Mothers who were <u>not</u> in Nurse-Family Partnership were eight times more likely to die from external causes, including unintentional injuries, suicide, drug overdose and homicide (through child age 20)[5]

[3] Miller ibid. Unless otherwise cited, these data points are NYC-specific; exceptions are child and maternal mortality.
[4] Olds DL, Kitzman H, Knutdson M, Anson E, Smith JA, Cole R. Effect of home visiting by nurses on maternal and child mortality. *JAMA Pediatrics*; July 2014; doi: 10.1001/jamapediatrics.2014.472.
[5] Olds DL, Kitzman H, Knutdson M, Anson E, Smith JA, Cole R. Effect of home visiting by nurses on maternal and child mortality. *JAMA Pediatrics*; July 2014; doi: 10.1001/jamapediatrics.2014.472.

The Need for Nurse-Family Partnership in NYC

Since 2003, Nurse-Family Partnership has supported over 14,000 first-time mothers in NYC and remains the largest urban initiative in the country. It currently operates in all five boroughs with the capacity to serve about 2,300 families, including a special team of nurses (the Targeted Citywide Initiative) that exclusively enrolls teens in foster care; women and teens in shelters; women currently or formerly incarcerated; and teens involved in the juvenile justice system. When compared with the nearly 27,000[6] eligible NYC mothers, there is ample opportunity for Nurse-Family Partnership to expand its reach. For example, the Targeted Citywide Intiative program in particular maintains a robust waitlist.

Fortnuately, maintaining the significant investment made by the City Council and the Administration in FY 2017 **will enable the NYC Department of Health and Mental Hygiene to increase capacity to about 3,000 mothers and their families**, including the most vulnerable mothers who are in foster care, homeless or with ties to the criminal/juvenile justice systems.

Having my nurse to discuss all of my concerns has made all the difference in my world... [She has] been there for my son, my family and I on more occasions than I can count... I am not sure what I would have done without her but I will continue to remember the many lessons that I've learned. I am working full time, enrolled in school full time and I am raising a smart, busy little boy.

– Tanisha Alleyne, Queens NFP Graduate

In conclusion, I applaud the City for its commitment and past investment in Nurse-Family Partnership. I ask the City Council to again provide $2 million to enable the NYC Department of Health and Mental Hygiene and its community partners to continue providing first-time mothers in NYC with the knowledge, support and tools they need to come away from their journey in the program as strong, capable parents and with plans for a healthy, stable and bright future.

Thank you.

[6] The annual number of first-time births paid for by Medicaid in 2014 was 26,963 (New York State Department of Health). First-time mothers are eligible for Nurse-Family Partnership regardless of immigration status.

Stories from NYC Nurse-Family Partnership Mothers

STORY #1
Eridiana Diaz, Nurse-Family Partnership Program Graduate
Visiting Nurse Service of New York – Bronx Nurse-Family Partnership

I was 19 years old in October 2011 when I found out I was pregnant. When I heard the news, my world came crashing down. I was a good student, a sophomore at City College and first in my family to enter college. But all of a sudden, everything changed. I became vulnerable, confused and embarrassed. One of my worst fears was becoming just another dropout statistic and an embarrassment to my family. I was devastated and horribly depressed.

In my second trimester I saw a flyer for the Visiting Nurse Service of New York's Nurse Family Partnership. I called the number, and was introduced to Denise, the best nurse, friend, mentor and advisor that a "teen mom" could ever have. Denise completely changed my life.

Before we met, I had no idea how to change a diaper, or even how to hold a baby. I had no basic knowledge of the responsibilities that came with being a mom or what it meant to be the lifeline for another little life. I had never even had "little sister" baby duty. Denise taught me how to eat correctly, take care of myself, and what was important for my baby. She helped me understand how much weight I should be gaining, and why. She gave me step-by-step guidance on my new journey into "parenthood." But I was still having a difficult time accepting my pregnancy and didn't go to school that semester because I was embarrassed about what my classmates would say, so I dropped out and worked at my job right up until the very end of my pregnancy. Denise never gave up on me and she wouldn't let me give up on myself.

Nurse-Family Partnership graduate Eridiana (left) with her daughter Hailey at a New York University event in December 2014 that showcased Nurse-Family Partnership.

I wanted to look down at my belly and say, "Hey baby, it's your mommy talking." But I just couldn't. I saw only the negatives. I worried about my child struggling, my family struggling, the stereotypes, the money, a place to live, my education, my child's education.

Denise helped me learn to slowly accept and embrace my pregnancy. I took maternity photos, and even had a baby shower. And then, Hailey was born, and everything fell into place—my daughter meant the world to me. I wanted to be the best parent in my child's eyes.

I was 19 years old, and Denise helped me realize that my life was not completely over. We bonded because she was also a young Hispanic mother—her story seemed just like mine—and she motivated me to do better even after Hailey was here. You hear all kinds of wives tales: people telling me to formula feed, "add cereal to the milk," "feed your baby solids at three months," "she's not healthy," "she still looks hungry," "she's not cute and chunky." Believe me, I heard it all. But what kept me strong were weekly visits from Denise to reassure me that my baby girl was growing at the right pace.

There were times when being a new mom, full time student, and part-time worker, was just too much to take. Denise knew I would benefit from talking with Debbie, a psychologist, who helped me improve relationships with my mom, my in-laws, my boyfriend – Hailey's father – and most importantly, myself.

Through the NFP program, I have learned a variety of things, not only about parenting but about myself. The program shapes you to become the best parent you could be for your child, and also to grow and mature and love yourself.

I am so proud today. I breast-fed my daughter for 13 months. I'm a senior at City College who will be graduating with a Bachelor's of Science in Childhood Education, and applying to Grad school. I have an amazing support system, and I know what it is to stand up for your child, and take pride in caring and loving another living being. Of course, there are many obstacles yet to face: the terrible twos, universal pre-k enrollment, school … and LIFE. But … as Denise has taught me, I'm ready—my foundation is in place!

Who knows how things might have turned out if I hadn't seen that flyer. All I know is that I'm not a drop out statistic, I'm a Mom, and a pretty good one it turns out, thanks to Denise and the VNSNY Nurse Family Partnership. Wouldn't it be wonderful if every young mom and her child could have a beginning like that?

STORY #2
Natasha Pennant, Nurse-Family Partnership Program Graduate
NYC Department of Health and Mental Hygiene—Targeted Citywide Initiative

During pregnancy, even though my doctors kept saying everything was fine, Joanne [Nurse-Family Partnership nurse home visitor] kept checking my blood pressure and she knew this was not normal for me. She kept insisting and sent me to the ER – sure enough I had pre-eclampsia and delivered my daughter 2 months early. Joanne probably saved my life and my daughter's life. After I delivered she visited me in the hospital and I had really bad headaches and the staff kept saying I'd be fine & they were ignoring me. Joanne wouldn't leave it alone & she told them such severe head-aches are not normal and sure enough – there were complications from my epidural! She advocated for me in so many ways, I learned how to advocate for myself and my daughter – just by watching her.

After my daughter's birth, she needed PT [physical therapy] because she was early and I was overwhelmed, but Joanne somehow taught me how to handle it all and stay calm. And I kept saying it was too much to go back to school, but Joanne kept saying – "you're so close, you just need a few more credits, you can do it." So I did. I finished my Bachelor's in Judicial Studies at John Jay. Now I'm working at the Hospital for Special Surgery and Joanne has stayed in touch and she's motivating me to go for my Masters. She's helping me with the GRE's and I want to get a Masters in Public Administration. And my daughter is beautiful and is growing perfectly.

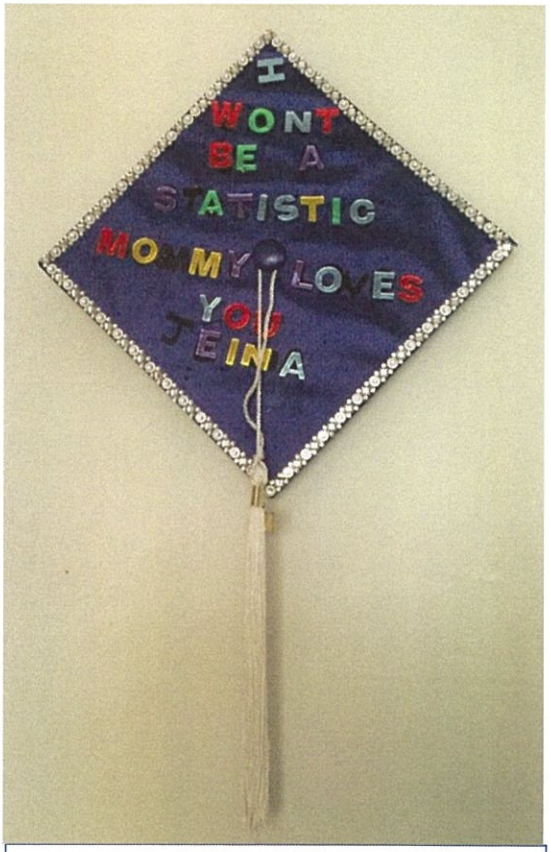
Natasha with Aaron Pelzer (far right) and their daughter, Emma, at a Nurse-Family Partnership holiday party in 2014.

STORY *#3*
Jessica Santos, Nurse-Family Partnership Graduate
Public Health Solutions Nurse-Family Partnership Queens

I was 18 when I got pregnant. When I found out that I was pregnant I was scared but also happy. It was a mix of emotions and I didn't know what to do. I got connected to NFP through a friend of mine. I had recently found out that I was pregnant and I had gone over to her house and my friend's NFP nurse—Michelle—was there and she asked if I wanted to start the program. I am really happy I decided to join because NFP taught me a lot about raising a baby. They would give me little papers that helped me learn what to do when she's crying, how to feed her, and what to do from certain months to certain months and then what she should eat and what she can't eat. NFP was important for me because with Michelle, I knew I could always talk to her and tell her what was happening and as much as she could she would try to help me out.

Michelle was like my daughters second doctor. Whenever my daughter was sick she would say "no no you don't need to take her to the doctor, she probably has this" instead of me having to run to the emergency room every week or something. Also other things I didn't know about my daughter I would ask her and she would give me the answers because I don't know everything about my daughter yet because she's still small and I'm still learning everything about her. Michelle has also brought me thermometers and sippy cups and whenever I asked for something, if she could, she would bring it. Michelle also helped me enroll my daughter in a speech program and she is now starting to say sentences. I would definitely recommend NFP to my friends.

When I started NFP I was with my daughter's father. Around when my daughter was a year old we got into a big fight and it turned into a domestic violence case. That day I texted Michelle. And she called me to see what was wrong and I told her that it wasn't one time. He had hit me once when I was pregnant too and I forgave him because I thought he was going to change. The second time was when my daughter was a year old and then they arrested him and he went to jail. I feel like having NFP here helped me out a lot because it would distract me and help me focus on positive things. That's when Michelle was like "you should go back to school instead of staying home, you're gonna get depressed. You can make changes in your life that he wouldn't let you do." He wouldn't let me go to school, he wouldn't let me work, he wanted me to be a stay at home mom and he didn't want me to become something better. NFP has helped me accomplish a lot. I had told Michelle that I wanted to go back to school and I went back to school, I graduated, and I found myself a job. Now I have my GED and I'm working full time in a customer service and florist shop near where I live. And now I am somewhere where I don't think I would be if I wasn't part of NFP.



Queens Nurse-Family Partnership participant Jessica made a special design of her graduation cap that includes an inspirational message to her daughter, Jeinabell. Jessica graduated from a GED program in June 2015.

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KCS
WWW.KCSNY.ORG
THE KOREAN COMMUNITY SERVICES OF METROPOLITAN NEW YORK, INC.

뉴 욕 한 인 봉 사 센 터
Since 1973

Check Hep B Patient Navigation Program

Korean Community Services of Metropolitan New York, Inc.

Check Hep B is an initiative of the NYC Health Department to increase hepatitis B screening, linkage to care and treatment in NYC, particularly in populations of greater risk. Check Hep B increases the capacity of hospitals, health centers, and community based organizations to treat and manage hepatitis B, by employing patient navigators and supporting free hepatitis B Patient Navigation, including linkage to care and clinical care coordination services. Check Hep B helps people chronically infected with hepatitis B get medical care and treatment to improve their liver health.

Check Hep B was first funded by NYC Council in July 2014 to support patient navigation at five specific sites (African Services Committee, Bellevue Hospital Center, Charles B. Wang Community Health Center, Korean Community Services, and NYU Lutheran Family Health Center Brooklyn-Chinese. In FY2016, **Check Hep B served 402 patients infected with hepatitis B.** In this time frame, **369 completed hepatitis B medical evaluation and 134 started treatment.**

Check Hep B has made significant progress in connecting hepatitis B patients to care. However, more work needs to be done. **Currently 100,000 people are infected with hepatitis B in NYC. In 2015, 7,719 people were newly reported with chronic hepatitis B, an increase (3.5 percent) from 2014.** Thousands of hepatitis B patients in New York City still face major barriers to accessing care and completing treatment, including no or limited health insurance and undocumented status. The patient navigation provided by Check Hep B helps patients overcome these barriers.

Due to the recent increase in hepatitis B diagnoses in New York City, it is essential for Check Hep B be enhanced to fund free hepatitis B vaccine and lab evaluation costs for the uninsured, as well as other clinics serving at risk populations.

Our services

It is reported that 5.3% of Korean Americans are infected with Hepatitis B virus. To fight against the disease, we Korean Community Services, as community based organization serving Korean immigrant community, located in Queens and Manhattan, have been

coordinating care for 58 chronic HBV patients to receive liver cancer screening. 100% of the patients were born out of United States, high in Limited English Proficiency, uninsured or underinsured, and in low income.

- KCS's Check Hep B Program needed to first identify patients with chronic hep B, so we held monthly screening events and education workshops in the community in collaboration with faith-based organizations and other community partners.
- Due to patients' limited resources and lack of language access, culturally competent patient navigators assist patients to get medical treatments.
- KCS make efforts to collaborate with Korean speaking doctors to take undocumented patients for diagnosis and treatment pro bono.
- KCS develops our own education and outreach materials to reach out to Koreans in general and target patients who are not treated due to lack of knowledge and awareness.

Our needs

- Given that the hepatitis B related liver diseases are chronic, our patient navigation services are critical in considering Korean patients and should be continued. We hope to hire more patient navigators to get trained, identify, assist, and empower patients.
- To diagnose the status of liver cancer costs more than $150 for sonogram, which is burden to uninsured patients. We hope to provide free services for those chronic patients to get timely and appropriate treatment.
- For Koreans with Limited English Proficiency, Korean ethnic media are key information outlets. We hope to utilize more media tools to campaign the importance of care management of chronic hepatitis B and to reduce the stigma stick to patients with hepatitis B.

We hope we can work together to secure funding to maintain our current Check Hep B programs and to also provide our services at other sites. It is essential that we continue to connect hepatitis B patients to care to reduce their risk of liver disease, cancer and premature death, and to prevent ongoing transmission of the virus.

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TESTIMONY BEFORE
NEW YORK CITY COUNCIL
COMMITTEE ON HEALTH

FISCAL YEAR 2018 PRELIMINARY BUDGET

WEDNESDAY, MARCH 29, 2017

PREPARED BY
RACHEL PRATT
SENIOR VICE PRESIDENT, YOUTH AND COMMUNITY SERVICES
NEW YORK ROAD RUNNERS

Good afternoon Chairman Johnson. My name is Rachel Pratt and I serve as the Senior Vice President of Youth and Community Services at New York Road Runners. Thank you for this opportunity to testify before the Health Committee on the Fiscal Year 2018 Preliminary Budget. I'm here to talk to you about childhood obesity in New York City, which, as you know, is not only a city-wide health concern but a disease that disproportionately affects children from low-income communities. To address this crisis we must work together to get kids eating healthy and physically active in the school setting.

INTRODUCTION

New York Road Runners' (NYRR) mission is to help and inspire people through running. We achieve our mission by creating running and fitness opportunities and programming for people of all ages and abilities.

NYRR demonstrates its commitment to keeping New York City's five boroughs healthy through races, community events, youth initiatives, school programs, and training resources that provide hundreds of thousands of people each year with the motivation, know-how, and opportunity to run for life.

NYRR's premier event, the TCS New York City Marathon, is not only a celebration of New York City but is a powerful contributor to its betterment. The Marathon generates $415 million in economic impact for New York City and in 2016, 9,000 charity runners raised $36.1 million on behalf of hundreds of not-for-profit organizations.

NYRR and our deeply committed constituency is woven into the fabric of our city. We engage over 25,000 volunteers annually. Our free community running and walking initiative, NYRR Open Run, is getting thousands of New Yorkers out weekly in 10 local New York City Parks in all five boroughs. NYRR is also working with local stakeholders to identify areas with high health disparities, participating in local health fairs, walking with over 2,000 seniors as part of our NYRR Striders walking program, and serving as a resource

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and partner to public officials, community boards, business improvement districts, hospitals, community health organizations, and grassroots community groups.

While NYRR is best known for producing the TCS New York City Marathon and our other races and community offerings for adults, our organization is also the **largest nonprofit provider of free youth fitness programs in New York City.** In the 2015-16 school year, our free school-based programs, fitness events, and resources touched the lives of 115,000 New York City youth at 663 unique schools and community centers. The good news is that we have already surpassed these figures for the current school year.

NYRR is devoted to making physical education and fitness accessible to all children. Our free programs are designed to get all kids moving, prevent obesity and illness, and help youth build their self-esteem while learning to set and reach personal goals.

BUDGET REQUEST FOR FISCAL YEAR 2018: CONSIDERATION OF $500,000 UNDER THE CHILD HEALTH AND WELLNESS INITIATIVE

NYRR is requesting $500,000 in support of our school-based youth fitness programs. For seven years NYRR received generous funding from the New York City Council in the amount of $250,000 through the Speaker's Obesity Prevention Initiative, which was not funded in FY17. With this 2018 request, we are hoping to restore and increase funding under the Child Health and Wellness Initiative as our physical fitness programs have more than doubled their service numbers to New York City students since our initial funding in 2010.

I would also like to share that we recently redesigned our youth program model to incorporate the latest research on physical literacy and grow our reach to the full spectrum of students, pre-K through grade 12. Because the new program will be even more scalable, NYRR is projecting that we will serve an additional 35,000 students in the 2017-18 school year, bringing our total to 150,000 participants annually. The redesigned program is currently being piloted in three New York City schools and the application for the 2017-18 school year opens on May 1st under the name *Rising New York Road Runners*.

While our service numbers are increasing, NYRR remains committed to quality. We have partnered with Tufts University and Canadian Sport for Life to carefully plan the new program's curriculum. It is designed to have even greater impact by being built on a growing body of research on gaining physical literacy, meaning children who participate in the *Rising New York Road Runners* program are more likely to gain the confidence and skills to be physically active throughout their lives. Additionally, every activity in the curriculum builder will feature adaptations for children with disabilities, ensuring that classes with compositions of students with varying physical and cognitive abilities can all participate.

- With its ease of implementation, *Rising New York Road Runners* will be a true resource to New York City schools that have little time, space, and resources to run adequate physical education programs.

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- Every activity in the *Rising New York Road Runners* curriculum is aligned with SHAPE America Standards, which was recently adopted by the NYC DOE. This means NYRR's program will help schools measure and meet their standards and goals with incredible ease, especially because the physical activities in the program can be customized to run in classrooms of any size, in any space, and with students of varying abilities.

- NYRR provides new equipment packs to schools, offers in-person, online, and phone and email support to school teachers, and provides the online *Rising New York Road Runners* curriculum and activity builder plus incentives like t-shirts and water bottles to schools and participants for free.

- Every school that implements the *Rising New York Road Runners* program will be invited and bused, if needed, at no cost to special NYRR youth fitness events that take place throughout the year at places like Icahn Stadium and The Armory Track and Field Center, where students participate in fun, friendly running and physical fitness activities and receive recognition for their participation.

CONCLUSION

NYRR recognizes that health disparities and inequities stifle growth opportunities within communities, and works to inspire people through running. Running is something that almost everyone can do, and is an activity that empowers you in your day-to-day life. In partnering with the New York City Council, local organizations and dedicated individuals, NYRR can provide the fitness answer to the wellness equation. NYRR looks forward to continuing our commitment to New York City's youth, and growing our relationship with the New York City Council.

Thank you for allowing me to testify today. I would be happy to answer any questions you might have about the work of New York Road Runners.

Ending the Hepatitis C Epidemic in the Bronx

Hepatitis C Care at Montefiore Medical Center

3/20/2017

Montefiore
Inspired Medicine

Hepatitis C is a serious health crisis nationally and in New York City. Hepatitis C is the leading cause of liver failure and liver cancer in the US and since 2007 has caused more deaths annually than HIV/AIDS. Hepatitis C is an especially important problem in New York City where an estimated 150,000 New Yorkers are infected. Unfortunately, half do not know they are infected and due to recent increases in intravenous drug use, healthcare providers in New York are seeing more young people with new infections. This epidemic is especially concentrated in the Bronx, NY a borough that has the highest rates of new Hepatitis C infections and where 14% of Puerto Rican men have Hepatitis C compared to 1-2% of adults nationally.

Groundbreaking treatments can now cure this previously difficult to treat disease. Successful treatment with one pill a day leads to decreased liver failure, liver cancer, and death. However, healthcare systems cannot keep up with the increased amount of eligible individuals that are in need of a curative treatment. In the Bronx, these patients often have complicated psychosocial factors, such as mental illness and drug dependence that make it difficult for them to be successfully engaged in medical care.

At Montefiore Medical Center, we have used grant funding to implement an innovative Hepatitis C program that combines Hepatitis C care, primary care, mental health, social services, and substance abuse treatment as a collaborative team effort supported by 8 patient navigators who provide care coordination services. Our program works. It decreases injection risk behaviors and ongoing transmission, and links patients to evidence-based substance abuse treatment. By providing access to care in a variety of clinical venues across the Bronx, including community health centers and methadone treatment centers, we overcome barriers to successful treatment and cure.

In the last two years, we have successfully implemented Hepatitis C services across 9 Bronx Districts. From September 2014 through February 2017, our program enrolled 1810 patients living with Hepatitis C, of whom 51% are Latino and 33% are non-Latino Black. A total of 947 patients have started treatment and 95% of those who have completed treatment have been cured. These services are funded through CMS and DOHMH Project INSPIRE, but funding ends in August 2017. Ongoing funding continues the progress we have made to end the Hepatitis C epidemic in the Bronx. Continuation of the program's funding is essential for us to be able to continue to provide linkage-to-care and care coordination services for people living with Hepatitis C.

Hepatitis C gives us the opportunity to directly improve the lives of thousands of our fellow citizens with life-saving treatment. However, without the parallel care coordination services that directly address our patients' psychosocial circumstances; medication alone will not be effective. Increased viral hepatitis funding will allow us to continue to effectively serve our patients with chronic Hepatitis C. Without this funding, our community will not receive the life-saving treatment that can prevent liver failure, cancer, and death. We must continue our work to eliminate Hepatitis C from the Bronx and New York City.

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MONTEFIORE - EINSTEIN
ABDOMINAL ORGAN TRANSPLANT PROGRAM

Division of Transplant Surgery *Division of Gastroenterology & Liver Disease* *Marion Bessin Liver Research Center*

NYC Council- Committee on Health
250 Broadway
NY, NY 10007

March 29, 2017

Re: Additional funding for Check Hep B program, Montefiore Medical Center

Honorable Members of Committee on Health:

I am here to request additional funding for the Check Hep B program to support an additional site, Montefiore Medical Center, for your upcoming budget. This program provides Hepatitis B linkage-to-care and clinical care coordination services at 8 NYC sites and has been very effective in serving a diverse and medically underserved population.

An estimated 1.2 % of NYC residents (about 100,000 people) have Hepatitis B. Disproportionately, certain parts of NYC have a higher disease prevalence and the Bronx is one of those locations. Hepatitis B is a chronic disease, and has the highest prevalence in West Africans (10-15%). The good news is that the disease has available treatment, and working together, we can improve the lives of those afflicted. Between 2011 and 2014, around 84,000 new infections were reported. 10 percent of these newly infected (8,111 people) reside in Bronx.

It is therefore critical for NYS to expand the Viral Hepatitis Initiative this year. Montefiore Medical Center's Liver center has made a major commitment to address Hepatitis B in West Africans, a high risk group in the Bronx that needs attention. Our comprehensive efforts have been about:

- Understanding community concerns
- Providing education and raising disease awareness
- Increasing disease screening and vaccinating when appropriate
- Treating complications of Hepatitis B including Liver cancer

We are already taking care of these patients and are constantly searching for external funding to help our cause. Obtaining a Navigator for Check Hep B program will add momentum to our mission. We will be asking to schedule meetings with Health Committee members to discuss expanding the Council's successful Viral Hepatitis Initiative.

Thank you for your time and consideration.
Sincerely,

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March 20, 2017

Testimony of Health Justice Director Laura Redman

On Behalf of New York Lawyers for the Public Interest

Before the New York City Council's Committee on Health

Good afternoon, my name is Laura Redman and I am the Director of the Health Justice Program at the New York Lawyers for the Public Interest. Thank you to Chairperson Johnson and the Committee members for giving the opportunity to present testimony today.

I. New York Lawyers for the Public Interest

For the past 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights and legal services advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual legal services, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to create equal access to health care, achieve equality of opportunity and self-determination for people with disabilities, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

Our full-time staff of 32 includes lawyers, community organizers, social workers, legal advocates, development professionals, and administrators.

In the past five years alone, NYLPI advocates have represented thousands of individuals and won campaigns improving the lives of millions of New Yorkers. Our work with community partners has led to landmark victories including deinstitutionalization for people with mental illness; access to medical care and government services for those with limited English proficiency; increased physical accessibility of New York City public hospitals for people with disabilities; cleanup of toxins in public schools; and equitable distribution of environmental burdens.

In addition, NYLPI's Pro Bono Clearinghouse provides critical services to strengthen non-profits throughout every community in New York City. Drawing on volunteer lawyers from New York's most prestigious law firms, we help nonprofits and community groups thrive by providing free legal services that help organizations overcome legal obstacles, build capacity, and develop more effective programs. Through educational workshops, trainings for nonprofit leaders, individual counseling and a series of publications, the Clearinghouse is at the forefront of helping nonprofits maximize their impact on communities in each of your Districts.

NYLPI's **Health Justice Program** brings a racial justice and immigrant rights focus to health care advocacy in New York City and State. As the Council considers the City's budget with regard to health and support for New York's communities, NYLPI hopes that the Council and Administration will prioritize immigrant health and strategizing and preparing to fill in the gaps caused by potential federal and state funding cuts.

II. **NYLPI's Work as Part of the Immigrant Health Initiative, UnDocuCare**

NYLPI is honored to be part of the **City Council's immigrant health initiative** and we thank you for that support. **NYLPI and our partners received $500,000 in funding last year**. This support has allowed us to expand our work educating immigrant New Yorkers with serious health conditions, their healthcare providers, and legal service providers about healthcare access and connecting individuals to state-funded Medicaid, Medicaid that can provide life-changing and often life-saving treatment for our clients. This support also allows us to deepen our partnerships with our community health center partners.

Through this funding we have been able to train and give informative presentations on immigrant access to healthcare to hundreds and hundreds of community based organizations, health care providers, and legal services providers. We also continue to be able to provide comprehensive screenings, and representation to individuals, particularly those who are in health emergencies.

Like our client, CH, a 64-year-old undocumented Greek national, who was told that there was no hope for him. CH was diagnosed with kidney and heart failure and doctors informed the family that CH would pass away if he did not get a heart transplant, which as not an option since he was uninsured. After attending one of our trainings, CH's dialysis social worker told his family about NYLPI and they called for an intake. We discovered that CH had actually been eligible for State-funded Medicaid for decades based on an old application, but did not know it. He now has Medicaid and is being evaluated for a heart transplant, receives transportation to his medical appointments, and is receiving primary care he also desperately needed.

In the current environment, which in speaking to our clients has reached the level of a crisis, many of our clients are in a more vulnerable space with regard to immigration status, which has a direct impact on their health. People are hearing rumors and are fearful of seeking healthcare. In response, our initiative has incorporated a Know Your Rights and Train the Trainer program focused on general law enforcement and on health care rights for patients, providers, and immigration advocates to be carried out with our community health partners and trusted spaces where people receive healthcare. We want to counter the rumors with the power of knowledge. Our training also includes safety planning and legal resources. We also have developed a cutting edge defensive program to prepare our very sick clients for unfortunate eventualities, such as being detained, which are becoming more real for people with each passing day of the Trump administration.

III. NYLPI's Work as Part of the Immigrant Health Initiative, Health in Detention

The Immigrant Health Initiative funding also supports NYLPI's work seeking to improve access to healthcare in immigration detention facilities. For NYC residents held in detention, NYLPI provides individual and systemic advocacy to improve health care. For example, we provide support for City Council funded New York Immigrant Family Unity Project attorneys and have helped secure the release of seven people from immigration detention partly based on the lack of adequate medical care. We also recently released a report (which was sent to the full council) documenting the serious, often life-threatening, deficiencies in the medical care provided to people detained in New York City-area immigration detention facilities. We intend to use this report to shine a light on this population, a population of people we can only presume will increase as ICE raids happen across the country and

President Trump promises more deportations. We hope to inspire advocacy and commitment to immigrant legal services.

We thank the Council again for this tremendous assistance, and **ask that the funding continue in FY 2017** for both NYLPI and our community partners: Academy of Medical and Public Health Services, Bronx Health Reach, Grameen Vida Sana, and Plaza del Sol, **plus an enhancement of $100,000** for NYLPI to expand on our successful immigrant health program.

IV. General Healthcare Access

Finally, in terms of general healthcare and health coverage, we encourage the City to strategize and designate funds to address any gaps that may be/will be created based upon loss of federal and/or state funds. We implore on all to do whatever possible to keep the status quo and continue to push for coverage for all New Yorkers.

V. Conclusion

Thank you for your time and we look forward to continuing to work the Council to improve New Yorkers access to health care.

We hope the issues we have identified above will inform the Committee's advocacy in the coming months. Please contact Laura Redman at (212) 244-4664 or lredman@nylpi.org for further information or discussion.

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FY2018 Expense Request Testimony
NYC Council Committee on Health Oversight Hearing

Good afternoon. I am Elizabeth Adams, Director of Government Relations at Planned Parenthood of New York City (PPNYC). Today, I testify before you on behalf of our services, staff, and the thousands of patients we serve each year. Thank you to Health Committee Chair Corey Johnson for convening this hearing, Speaker Melissa Mark-Viverito, and to the entire City Council for their continued support. I would also like to thank the Department of Health and Mental Hygiene for their partnership and longtime support of our work.

For one hundred years, thousands of women, men and young people have relied on Planned Parenthood of New York City (PPNYC) for essential reproductive health care and innovative educational programs. The New York City Council has been extremely helpful in narrowing budget gaps to support PPNYC's commitment to provide health care services and educational programs in all five boroughs of New York City, especially those most in need. As we face one of our toughest battles yet, we are again turning to the New York City Council for your generous support to continue to provide affordable expert care to all New Yorkers, no matter what.

PPNYC currently serves more than 60,000 women, men and young people each year. In 2016, we were proud to expand our range of services to meet the sexual and reproductive health needs of an even greater number of New Yorkers, and now offer transgender hormone therapy, vasectomies, and Pre-Exposure Prophylaxis (PrEP) screening and services at our health centers. This year we will also begin incorporating a health home model with our street-based outreach HIV-prevention program, Project Street Beat. As we enter our next 100 years, we are proud to be a vital and innovative health care resource in New York City.

Ensuring Access to Vital Sexual and Reproductive Health Services

PPNYC has long received funds through a Family Planning Initiative where the City Council designated $350,000 to PPNYC annually for clinical services and educational programs. Last year those funds were baselined under the Department of Health and Mental Hygiene (DOHMH), and PPNYC received $160,000 in a new Reproductive and Sexual Health services initiative to meet the needs of our educational programs. As we anticipate significant federal cuts to reimbursements and grants in the coming year, **PPNYC respectfully requests a continuation of the $160,000 Council initiative, along with an expansion of $590,000, totaling $750,000, in order to continue to serve our patients--regardless of their insurance, immigration status, or ability to pay.**

The funding enables PPNYC to provide sexual and reproductive health services including contraception and STD prevention; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; PrEP, hormone therapy for transgender New Yorkers, and HIV testing and counseling to New York City's patients.

The Council's Initiative has helped PPNYC meet the need for care particularly among the thousands of patients who qualify for health services at no or reduced cost. For many New Yorkers, we are their primary link to health care and where they turn for their annual check-up, pap smear, and breast cancer screenings, accessing early detection care. In fact, four in ten women who obtain care at family planning centers report that their family planning provider is the only source of health care they receive. We also anticipate that the need for safety net providers like PPNYC will increase under this new administration. Because of potential coverage changes, including

restrictions on abortion care, and federal actions targeting immigrant communities, we expect to see more New Yorkers losing coverage or declining to enroll in eligible coverage because of safety concerns. We will be here, no matter what.

An additional allocation of $590,000 would enable PPNYC to continue to provide sexual and reproductive health care to thousands of patients despite federal cuts. If Planned Parenthood health centers are 'defunded,' we expect they will be prohibited from receiving Medicaid reimbursements, and will no longer be able to accept a patient's insurance if they use Medicaid. As almost 55% of our patients are Medicaid recipients, this would cause a significant loss of revenue for our centers. In order for us to continue to serve our patients in the face of this discriminatory practice, we will need to cover the cost of visits with our sliding scale funding. The Council has generously provided support for this funding stream in the past, recognizing that income and insurance status ought not to be a barrier to health care. PPNYC has been a lifeline for New York City for 100 years and is proud to be able to care for New Yorkers at all income levels. We hope to continue to provide essential health care to all of our patients regardless of the federal landscape.

In addition to supporting our health care services, this initiative helps PPNYC provide educational services to youth in targeted neighborhoods, including through our Youth Health Promoter program. Youth Health Promoters are highly trained peer educators who engage in outreach in their communities and through social media, and conduct interactive workshops to educate fellow youth about teens' rights and access to sexual and reproductive health care. The program reaches thousands of young people each year with youth-friendly information on reproductive and sexual health. PPNYC's education department partners with schools throughout the city to implement comprehensive sexuality education workshops. Our workshop series, *Taking Care of You*, addresses many topics traditionally left out of evidence-based curriculum, including gender identity and healthy relationships. We are proud to partner with schools and community-based organizations throughout NYC to implement inclusive and innovative programming that gives young people the reliable, accurate information they need to stay healthy.

PPNYC also respectfully requests $250,000 in a Young Women's Initiative dedicated contraceptive fund allocation to provide long-acting reversible contraceptive (LARC) devices free of charge to clients who are uninsured, ineligible for public insurance coverage such as Medicaid, and struggle to pay for their services out-of- pocket. Funds will also be used for patients who are not able to use their insurance due to confidentiality concerns and would otherwise not have access.

Continuing Commitments to End the Epidemic

For the past three years, the Council has generously provided budgetary support to offset funding reductions for our HIV prevention services. PPNYC respectfully requests the Council's support for continuation of a $112,000 Speaker Initiative to support Project Street Beat (PSB). Project Street Beat is a renowned 29-year old program that brings educational outreach, reproductive health care services, harm reduction, case management, individual and group counseling, evidence-based interventions, and other supportive services directly to thousands of HIV-positive individuals and those at high risk for HIV infection. In 2016, Project Street Beat conducted 20,846 service encounters with individuals at high-risk or living with HIV/AIDS, which included nearly 1,800 rapid HIV tests on the streets of the South Bronx, Northern Manhattan and Brooklyn.

This funding specifically focuses on women of color who are at high risk of contracting HIV. We fully support New York's plan to End AIDS and are inspired by New York City's leadership in implementing the Ending the AIDS Epidemic (ETE) Blueprint. As one of the few organizations targeting women at risk of HIV we know how critical it is to provide support for all high-risk communities, so that no one group is left behind in this endeavor. PSB targets a very difficult to engage population of women who exhibit multiple sexual and substance use behavioral risk factors, as well as social factors that heighten their risk for STI and HIV acquisition such as unstable

housing, histories of trauma and unaddressed mental health issues. Using a culturally competent, street-based approach, Project Street Beat staff travel in minivans and a mobile medical unit to street locations and selected community-based partners to connect residents to care. As part of our commitment to ending the AIDS epidemic, we are proud that Project Street Beat will soon provide Pre-Exposure Prophylaxis (PrEP) counseling and services to many New Yorkers who may not feel comfortable seeking out services in more traditional healthcare settings.

Thank you for the opportunity to testify and to both the Council and DOHMH for consideration of our requests. I would be happy to take any questions or provide additional information.

STATEMENT TO HEALTH COMMITTEE, DOH BUDGET HEARING

Esther Koslow, Chairperson
SHELTER REFORM ACTION COMMITTEE
info@shelterreform.org

March 29, 2017

Good afternoon. My name is Esther Koslow, Chairperson of Shelter Reform Action Committee.

This time last year Animal Care Centers of New York asked the Council for $15 million in funding under its services contract with the Health Department. Unfortunately, ACC came up $2.2 million short, hobbling its ability to keep its animal safe from disease and healthy enough to be adopted, rather than their being transferred – sick – to rescue groups. The recent Avian Flu Crisis – which had the potential to morph into a grave public health crisis --highlight the problems faced by an underfunded ACC. The DOH shouldn't play "chicken" with the ACC's budget –hoping that private charities will step in and make up the budget shortfall. That's not how the ACC should be funded.

We thank Mayor de Blasio for promising major capital improvements for the ACC. Promised renovations to existing shelters and the creation of new shelters will go a long way to keeping animals safe and healthy. But the fact is that those capital projects are years and years away. What's the ACC to do in the interim without proper annual funding to operate?

That's why Shelter Reform Action Committee urges that ACC funding for FY2018 be increased to at least $15 million. I note that the Finance Division Report prepared for this hearing states that "animal control funding" will be $15 million. The phrase, "animal control funding," is misleading. It is NOT the same thing as ACC funding. The DOH proposes to pay far less than $15 million to the ACC.

The Finance Report offers as a "performance indicator" the DOH's efforts at Dog Licensing. Using that metric, the DOH gets a failing grade. Dog licensing compliance continues its downward plunge. For example, in 2010 the DOH reported that 100,000 dogs were licensed (which the DOH calculated to be a 20% compliance rate). Now only 86,000 dogs are licensed. I submit that dog licensing is an indicator of the DOH's lack of commitment to animal health which can directly affect human health. A licensed dog is a rabies-vaccinated dog. The DOH fails when potentially hundreds of thousands of dogs go unvaccinated.

Finally, part of "animal control funding" pays for the DOH's enforcement of the City's Pet Shop Law. How much in taxpayer dollars is being spent on enforcement and to what effect? I ask this Committee, after the City budget is adopted, to convene a hearing on the DOH's various performance indicators of animal health: the ACC, Dog Licensing, Pet Shop Law, and Trap/Neuter/Return of feral cats.

In the meantime, Shelter Reform urges that the DOH pay the ACC at least $15 million for FY2018.

Thank you.

Statement of William Sacrey, Legislative Director, League of Humane Voters - NY

Good Afternoon. Thank you the opportunity to comment on budgetary funding for Animal Care Centers of NY. I am Bill Sacrey, Legislative Director League of Humane Voters of New York. We attended the recent ACC Board meeting and were most disappointed to learn that the DOH, announced New Adoption Ctr in Manhattan & new HVAC for Brooklyn are still three years away after being announced in Jan 2015.
We applaud the mayor for the funding of planning & development of new shelters for the Bronx and Queens, but we are more than five years away for both per DOH.

We feel strongly that ACC be fully funded in the proposed budget. The ACC team has made enormous progress under the leadership of Ms Weinstock. However with antiquated facilities, and facilty improvements years away, anything less than full funding is a diservice to the animals and people of NYC.

Thank You

African Services Committee Hepatitis B Testimony
New York City Council Committee on Health Hearing
Monday, March 20, 2017

African Services Committee (ASC) is unique in that we provide free Hepatitis B and C tests for everyone, regardless of insurance status. Over 70 percent of our clients are uninsured. We target clients for Hep B screening who were born in Africa.
We accept walk-ins and do not require appointments. As a result, we are able to test patients who would otherwise not receive screening. As our services are free, our organization incurs significant costs, however, in laboratory bills.

ASC Check Hep B 2016-2017 statistics

- In the most recent 12 months, ASC tested **486** people in our Check Hep B program - That's more than double last year's statistics of 225 people tested.
- Last year, 23 people tested positive for Hep B, at 10%, and 2 people tested positive for C, at 1%.
- In the Check Hep B program, 2016 calendar year, 41 people tested positive for Hep B, at approximately **8%.** 20 people tested positive for Hep C, at **4%.**
- For the Check Hep B Program, starting from 7/1/16 to October 31/16, we've had 21 positive patients who have been to at least one follow- up Hepatitis B appointment
- As of December 31, 2016, we had enrolled 74 Hep B positive, chronically-infected clients in our program. 100 percent were foreign-born, coming from 12 countries. 70 percent were uninsured , and 7 different languages were spoken among this cohort.

ASC's Hepatitis B program, which began with 2 years of CDC funding in 2012, is urgently needed to improve the outcomes for immigrants with chronic HBV infection (CHB) in New York City (NYC), which has the nation's largest population of foreign-born

persons with CHB from countries with intermediate-high HBV infection prevalence (≥2%), primarily from sub-Saharan Africa and Asia. The purpose of ASC's program is to improve the capacity of the agency, other health-care providers, and stakeholders serving persons born in countries with intermediate-high HBV infection prevalence to more effectively identify persons with CHB and link them to high-quality, ongoing HBV medical care.

ASC's program provides the second-largest African immigrant community in the U.S. with increased access to HBV care. The agency has found that most persons with CHB have not been tested, are unaware of their HBV status, and thus receive HBV medical care infrequently or not at all. Reflecting the rapid growth of the African immigrant population in the U.S.—which expanded from 200,000 to over 1.5 million over the past 30 years,[1]NYC has the second-largest population of Sub-Saharan African-born immigrants in the U.S., at over 100,000 persons.[2] In NYC, this population has extremely high rates of chronic HBV; ASC has tracked these high rates through its cohort of 880 West African-born patients who have been screened for HBV over an 18 month period.[3] Of the 1,732 patients screened, 880 were born in West Africa and had an HBV prevalence of 11.4%

ASC's program addresses health disparities and barriers to care, often due to a lack of information and awareness about HBV, among foreign-born persons from countries with intermediate-high HBV infection prevalence. Due to the target population's disproportionately high rates of HBV infection and significant barriers to accessing HBV care, ASC will provide HBV screening and linkage to care services. For example, many persons in the target population have recently arrived in the U.S. and are unfamiliar with cultural norms and how to navigate NYC's fragmented healthcare system; immigrants are also more likely to be impoverished and uninsured.[4] As a result, the target population is more likely to seek HBV and primary care services at emergency rooms and is less likely to seek timely care.[5] To address these health disparities and barriers to care, ASC will leverage

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[1] McCabe K. *African Immigrants in the United States.* Washington DC: Migration Policy Institute, 2011.
[2] Weighted totals from the 2005-2009 ACS 5-year sample. <http://usa.ipums.org/usa/sda/>
[3] Beckett, Jeff, et al. "Early Identification and Linkage to Care of Persons with Chronic Heptaitis B Virus Infection—Three U.S. Sites, 2012 – 2014" CDC Morbidity and Mortality Weekly Report, May 9, 2014.
[4] Dey AN, Lucas JW. Physical and mental health characteristics of U.S.- and foreign-born adults: United States, 1998-2003. *Adv Data.* Mar 1 2006(369):1-19.
[5] Lucas JW, Barr-Anderson DJ, Kington RS. Health status, health insurance, and health care utilization patterns of immigrant Black men. *Am J Public Health.* Oct 2003;93(10):1740-1747.

and utilize partnerships among HBV medical specialists, primary care providers, community based organizations and health departments to work collaboratively and in a coordinated manner to identify chronic HBV infection and ensure linkage to antiviral treatment and care for these foreign-born patients.

ASC's full range of services and interventions will include: 1 expanding HBV screening in the community by adding screening locations in mosques, churches, immigrant community and workers' organizations; 2) Patient counseling on test results and providing prevention education; 3) Patient navigation services for persons testing HBV-positive; 4) Providing client referrals and linkage to care, treatment, and preventive services; and 5) Collaborating with community-based providers, hospitals and FQHCs to provide access to a full range of care, treatment, and monitoring for persons screening HBsAg positive.

To effectively recruit and serve clients, ASC conducts outreach at organizations that serve the target population and within ASC's range of immigrant-serving programs to provide education on the importance of HBV testing and recruit persons for testing. ASC also capitalizes on its numerous relationships with community-based organizations and hospitals experienced with serving and/or treating persons with HBV to ensure the program reaches persons most at-risk and provides access to the most effective care and treatment available.

ASC Viral Hepatitis Program Budget needed:

Laboratory fees: $18,240

-$34 for each Hepatitis B test x 480 tests = $16,320 for laboratory processing

$96 for each Hep C confirmatory test x 20 tests= $1,920 for laboratory processing

Staffing: $101,260

$27,450 salary and fringe for program coordination, testing, and linkage to care and $46,360 for salary and fringe for navigation staff = $73,810

Grand total viral hepatitis program expenses and request: $119,500

There will be a Viral Hepatitis Budget Briefing on March 21st at 11 AM at 250 Broadway on the 14th Floor, in the Policy Conference Room. We are encouraging members of the Committee on Health and their staffers to attend this important briefing.

HEALTH PEOPLE
Community Preventive Health Institute

552 Southern Boulevard ♥ Bronx, New York 10455 ♥ Phone: 718/585.8585 Fax: 718/585.5041 ♥ www.healthpeople.org

Chris Norwood, Executive Director

Monday, March 20, 2017

The Diabetes Epidemic Must Stop! Prevention Coalition
Testimony to the New York City Council Health Committee
by Chris Norwood, Executive Director, Health People, Lead Agency

New York City has 1.3 million pre-diabetics; most will develop diabetes if nothing is done. It's quite a shock that, in our city, nothing IS being done. The City Department of Health currently does not devote any funding to the best proven prevention. That is the DPP---The National Diabetes Prevention Program---a multi-session course with the goal of participants losing 5 to 7% of their body weight and starting to exercise---even walk---regularly. When they meet these goals ---and most do---their risk of diabetes and its many serious complications is reduced by a staggering 60% --- complications so dire that it is now clear diabetes is itself the most singly preventable cause of Alzheimer's disease.

We are requesting the City Council to finally make the best proven diabetes prevention available--- and start to end the staggering diabetes epidemic in our city. The Diabetes Epidemic Must Stop! Prevention Coalition will bring this uniquely health-giving education to high need people all over the city. Health People as lead, will train local residents for community agencies to provide the DPP in all boroughs. In the Bronx, SoBRO will teach the DPP to adult education participants and Spanish-speaking restaurant workers while Health People focuses on public housing residents. In Brooklyn, The Arthur Ashe Institute will focus on high risk African-American and Afro-Caribbean men in its well-proven BarberShop Talk with Brothers program; the New Creation Community Health Empowerment Corporation will activate its multiple faith-based and community members in Central Brooklyn; the Caribbean Women's Health Association will fight the alarming increase in NYC maternal deaths clearly associated with obesity and diabetes, by providing women's classes in Brooklyn and Staten Island. The South Asian Council for Social Services in Queens will focus prevention on immigrant populations who have very high diabetes rates. In Manhattan, the Alliance for Positive Change will bring the DPP to people with HIV/AIDS, a group that has a two-fold higher diabetes risk; and the Independent Living Center will bring this prevention---for the first time---to people with impaired vision. Inquisit Health, with a DPP provided through phone coaching, will assure working class people with pre-diabetes can participate in effective prevention at times convenient for them, wherever they are.

Basically, the City Council must intervene where the city has so terribly neglected the best and most powerful step to stop an epidemic which is not just killing people---it is blinding them, sending them into dialysis by the hundreds, causing constant foot amputations and recent research underscores, even raising the risk of Alzheimer's by 40% in the poor communities most overwhelmed by diabetes!

Thank you.

The Diabetes Epidemic Must Stop! Prevention Coalition, led by Health People is requesting $2,000,000 to implement this groundbreaking program. The funding would be $300,000 for Health People which, as lead organization, will provide the training for the DPP Lifestyle Coaches, constant technical assistance to all the participating community organizations to assure their program meets CDC DPP requirements and guidelines, and organizing for implementation. Health People will also supply required materials and other implementation support. The proposed funding for the participating CBOs is $212,500 for each organization to recruit and supervise its Lifestyle Coaches, site DPP classes at places accessible to the focus high risk populations, recruit and retain DPP participants, gather required CDC data and enter it in the required portal.

FOR THE RECORD

9603 Flatlands Ave Brooklyn NY 11236: Phone (917) 933- 9875. FAX (718) 676- 9875
Email: info@mytimeinc.org. Website: www.mytimeinc.org

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3/25/2017

Good Afternoon

The Mission of My Time Inc. is to Support Educate Empower Enlighten and Uplift parents of a child diagnosed with Autism and Developmental Disabilities to live a life they deserve in their Community.

Hence, I would like to thank the City Council for allowing me to testify today. My name is Wayne Clarke, Director of Operations (Unpaid) for My Time Inc., a parent support center in Brooklyn whose mission is to support parents of child with autism and developmental disabilities.

The reason I am here today is to ask the council if anything could be done to speed up the very slow process of obtaining the discretionary funds which are awards to non for profits such as My Time Inc. Why does it take a year sometime longer from the time one complete the discretionary application to the release of funds? This is our 10th year and it is taking much longer. DOHMH is constantly changing contract manager and every manager have their own way of doing things. They are constantly asking for the same paperwork that was submitted and this too can be frustrating. The previous manager that was assign to handle our contract approve our scope (October of last year) which states My Time Inc. provides parent support but we were then told it was not approve because we did not provide wrap around services. For the 8 years completing the discretionary funds application, we never stated we provide wrap around services nor did we provide such services. However, after contacting my Councilman Alan Maisel which he clarified in a letter to the Unit Head of the Finance Division (NY City Council), the scope was finally approve. We are approaching another fiscal year and we haven't receive FY 17 funds which are very vital to our program. I called DOHMH to inquire about a timeline and was told the contract is pending Acco. I hope by testifying today, this body could help speed up the process. Thank you.

Wayne Clarke
Director of Operation My Time Inc.

YWCA of QUEENS
eliminating racism
empowering women
ywca
42-07 Parsons Blvd., Flushing, NY 11355 Tel: 718.353.4553 Fax: 718.353.4044 www.ywcaqueens.org

YWCA of Queens

Testimony on NYC FY 2018 Budget

Tammy Yuen, Healthcare Navigator

FOR THE RECORD

March 29, 2017

Good Afternoon, my name is Tammy Yuen and I am a healthcare navigator at the YWCA of Queens. Today, I am respectfully to urge the New York City Council to renew the Access Health NYC initiative for the next fiscal year. Particularly, I want to say thank you to the New York City Council Committee of Health Chair, Corey Johnson, and City Council Speaker Melissa Mark-Viverito for their support of making reality for the Access Health NYC in 2017. In the past year, Access Health NYC has funded training our navigators to help immigrants in the Flushing community to understand New York City healthcare options and where to get low-cost healthcare access, as well as social services. We need Access Health NYC programs to support our continuous workshops and outreaches. So far, we have completed eleven workshops and ten outreaches. We have reached out to schools, senior centers, food pantries, farmer markets, libraries, jobs fair and community base organizations to help immigrants to understand low cost Government health insurance. We have translated healthcare flyers for Korean and Chinese immigrants who are not speaking English.

We have helped many people who live in low income to get Medicaid and Essential Plan which are offered by New York State of Health Marketplace. For those immigrants who were lack of access to healthcare, we educated them to know about HHC Options and advised them to take advantage of it. For example, I was scheduled for a tabling outreach at NYC Choice Career Fair in Holiday Inn Midtown on January 25th. There were attendants not only looking for a job, but they also needed insurance coverage. I reached out to them and sent them materials about New York State of Health Marketplace. Access Health NYC now becomes a community based program and we need the fund to sustain local health programs through education. At last, I would like to say thank you to the City Council for its tremendous support of renewing the initiative.

The YWCA of Queens was found by immigrant women who came to the United States to become productive members of society. We create and maintain programs that are relevant and influential to our community. We proud to be Americans and we will continue to speak out against inequality and work to foster peace, justice, freedom and dignity for all. Our mission statement is empowering women, eliminating racism.

Testimony of

Before the

New York City Council

Health Committee

Regarding

NYC School-Based Health Centers Funding

March 29, 2017

Good Afternoon, my name is David Appel and I am the Director of Montefiore Medical Center's School Health Program and a member of the Board for the NYS School Based Health Care Alliance. I would like to thank Chair Corey Johnson and the members of the Health Committee for the opportunity to give testimony on the Mayor's preliminary budget for FY 2018.

We would also like to thank the New York City Council and the Committee on Health for its work and dedication to improving child health outcomes in New York City. School-based health centers (SBHCs) have long been a partner with you on the front lines of this work. Today we wish to share our thoughts about the important services SBHCs provide, and respectfully request more sustainable funding for SBHCs in New York City, particularly in light of recent threats at the federal and state level.

While efforts to repeal the Affordable Care Act (ACA) have so far failed this is a time of great uncertainty and risk for the future of Medicaid. SBHCs will be needed more than ever if federal funding for Medicaid to New York is dramatically reduced. SBHCs see every child who enters their door regardless of ability to pay. They provide primary, dental, mental, and reproductive health care services, as well as preventative, chronic and other types of care to underserved populations. **SBHCs are safety-net providers for undocumented children and the uninsured. For many immigrant children, SBHCs are their only source of care**. Currently 15% of those served are uninsured- a number that is likely to increase in the near future.

SBHCs provide integrated primary medical, mental health, community health, and dental care for students. Services are conveniently provided on or near the school campus, greatly enhancing access to health services for many families. All insured and uninsured students may receive services at the SBHCs. Services are provided at no cost to the student's family. If the SBHC's services are covered by the student's insurer, the SBHC works with the insurer to obtain payment. However, many visits to SBHCs are uncompensated – as many as 50% at some sites.

SBHCs have always struggled to keep their doors open. However, new and ongoing federal threats to the insurance markets and Medicaid leave in doubt the extent to which SBHCs will be able to rely on stable health coverage to continue meeting their bottom lines.

Changes in federal immigration policies threaten stability for immigrant families, creating new challenges, stresses, and traumas for children that only deepen the need for stable access to important medical and mental health services in the community. Accordingly, additional sustainable funding is needed now more than ever to maintain the evidenced-based, comprehensive care SBHCs provide.

High school SBHCs have a proven track record of effective reproductive health care; HIV C/T, diagnosis and treatment of STIs and pregnancy prevention. If NYC SBHCs continue to close, the City will face increased costs from employing school nurses, more asthma hospitalizations, and higher pregnancy rates.

The loss of critical health care access points due to the lack of sustainable funding would have a detrimental impact on a large number of school children. Children and families will suffer from the cumulative underfunding of SBHCs, which contributes to increased long term health care costs, higher teen pregnancy rates, lower graduation rates, higher rates of untreated mental health issues, higher emergency room use, and more hospitalizations for asthmatic teens.

While these problems loom large, they are not insurmountable. Sustainable funding for SBHCs will help continue to safeguard the future of our city by helping children lead healthy, productive lives. Accordingly, we respectfully request that the City continue to demonstrate its commitment to our youth by providing sustainable funding for comprehensive SBHC services.

Recommendation:

We urge that the Mayor and the City Council are able to allocate and baseline resources to School Based Health Clinics to sustain operational costs so that SBHCs are able to continue to provide critical services to the youth they serve. In line with allocating resources to SBHCs, we ask that the City Council amend the current NYC Administrative Code (S 17-187 School Nurses) to allow schools with school based health clinics to use the funding allocated for school nurses to provide services through the already established clinic.

Thank you again for the opportunity to testify before you today on this very important issue. Please feel free to contact me at dappel@montefiore.org or (718) 696-4070 with any questions regarding this testimony.

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Greg Berman . Director

Center for Court Innovation Testimony
New York City Council
Committee on Health
Preliminary Budget Hearing
March 29, 2017

Good Afternoon **Chair Johnson** and members of the Committee on Health. My name is **Dipal Shah**, and I am the **Director of Strategic Partnerships** at the Center for Court Innovation. Thank you for giving me the opportunity to speak today.

The Center for Court Innovation, through its operating projects, is responding to health needs of residents throughout this city. It acknowledges that access to health care, or lack thereof, as well as diminished health can be a criminogenic risk factor for an individual.

Through its healthcare enrollment program at the Midtown Community Court, Center staff are assessing health needs of low-income and at-risk individuals and identifying opportunities for health intervention and access to care. Through this program, dozens of individuals now have services that support their health needs. Additionally, the Center provides health counseling for women of child bearing age at multiple sites throughout the city, including in the Bronx and Manhattan. Through these efforts, scores of women benefitted from education about maternal health and STD prevention. And at UPNEXT, a fatherhood and workforce development program for former justice involved men operating out of Midtown Community Court, fathers learn about healthy living and eating options for themselves and their children.

The Center has also piloted a host of innovative programs that treat New Yorkers trapped in a cycle of exploitation, crime, and violence, as victims, rather than perpetrators. In doing so, the Center has provided much needed support in health education. The Center's Human Trafficking Intervention Initiative, a project supported by the Council, offers a trauma focused approach to aid individuals arrested for prostitution with mental health and physical health needs. Instead of jail time, Center clinicians,

Shareing & Careing

BREAST CANCER SUPPORT SERVICES · FOUNDED 1994

New York City Council

FY 2018 Preliminary Budget Hearing

Health Committee

Hon. Corey Johnson, Chair

March 29, 2017

Submitted on behalf of:

Anna C. Kril

Founder & President

Astoria/Queens SHAREing & CAREing, Inc.

(dba SHAREing & CAREing)

45-02 Ditmars Boulevard

Suite 1016

Astoria, NY 11105

718 777-5766

www.shareing-careing.org

On behalf of the thousands of cancer survivors and community members served each year by **Astoria/Queens SHARE-ing and & CARE-ing, Inc. (dba SHAREing & CAREing)** I am here today to thank the Council for its longstanding support of SHAREing & CAREing and other community- based organizations which provide assistance, education, counseling, screening and other services to men and women, and their families, diagnosed with breast, colon and ovarian cancer and to ask that you support our funding request of $225,000 in the FY 18 Budget.

SHAREing & CAREing is one of 10 organizations funded in FY 17 under the Council's Cancer Services Initiative, created last year to replace the Council's Cancer Initiative after it was baselined by the Administration.

Through the years, Council funding (Initiative and Member Discretionary) along with our own fundraising and foundation grants has allowed SHAREing & CAREing to assist those diagnosed with cancer, with an emphasis on medically underinsured and uninsured linguistically isolated, minority populations throughout Queens and the city. Through our High School, Library and Community health education outreach programs, cancer screenings and local office, we assist approximately **6,000-10,000** individuals a year, providing cancer awareness and education, linkages to free or low-cost cancer screenings and treatment, patient navigation,

family support services, wellness programs and individual and group counseling facilitated by our licensed clinical social worker.

Additionally, we provide assistance with insurance matters, transportation to and from treatment, chemotherapeutic drug coverage, surgical camisoles, mastectomy bras, prosthesis and wigs. And since our founding in 1994, my team and I have collaborated with local hospitals and physicians to coordinate free cancer screenings and health forums for women and men who otherwise would have little access to these services, referring over **6000** women to mammography screening.

SHAREing & CAREing's flagship "*Be A Friend to Your Mother*" High School Outreach Program was created in 1995 as an outgrowth of my own cancer experience. Since 1995, we have reached over **35,000 students** and approximately **6000 faculty members** through these outreaches and have linked over **3000 women** (the mothers, grandmothers and aunts of our high school students) to free breast cancer screenings, screenings they would not otherwise have received.

Under this program, SHAREing & CAREing educates high school students about health and wellness, breast, prostate and testicular cancer and the importance of monthly self-exams. The program also encourages young people to speak to the older women and men in their lives to urge them to get screened. SHAREing & CAREing then links these women and men to free or low cost cancer screenings and, if diagnosed, to treatment and other

support services. This program, which falls within the NYS Learning Standards for Health and Physical Education, has been extremely well received by students and faculty alike.

It is my fervent belief, as well as that of SHAREing & CAREing's staff and Board, that educating our young people and engaging them in knowing and caring for their bodies is a crucial and needed step in increasing health and wellness among our future generations and in assuring early diagnosis of cancer.

With Council funding we have also created a partnership with the Queens Public Library to provide health education as part of its TESOL (Teaching English to Speakers of Other Languages) Adult Education Learning Centers and Community Health program literacy curriculum. **This partnership, which was initiated by our LCSW, has enabled us to provide important health, mental health and cancer information to adults in an environment they trust.**

This year, we will have directly reached over **4000 youth and adults** through our High School, Library and other community outreaches and estimate that we will have indirectly reached over **7,000** additional community members.

Our FY 17 Cancer Services Initiative grant of $150,000 has allowed us to be of service to those diagnosed with cancer and has enabled us to continue bringing our highly successful and popular "*Be A Friend to Your Mother*" High School Outreach Program to High Schools in Queens and throughout the city. **This year we are seeking $225,000 from the Initiative.** These additional funds would enable us to expand our community health outreach events and our "*Be A Friend to Your Mother*" High School Outreach Program to communities we are currently unable to serve due to limited resources. Increased Council funding under the Cancer Services Initiative would enable us to provide 20 additional High School and Community Health Forum/Workshops.

SHAREing & CAREing serves women and men of all ages, ethnicities, races and economic backgrounds citywide, with the majority of those served residing in Queens County. It is through this organization, and the efforts of its dedicated staff and volunteers, that thousands of cancer survivors and their families have learned to live with the diagnosis of cancer, receiving support, counseling, benefit and medical information, education, and *hope.* SHAREing & CAREing has helped these survivors discover their own inner strength to face their battle against cancer.

As a 24 year cancer survivor, I am not only blessed to still be alive but blessed to be part of an organization that not only educates and empowers but an organization that actively helps to save lives. Day in and day out, cancer survivors, family members and community members

contact our office seeking help, be it counseling, direct services, linkages to screening or treatment or just a shoulder to cry on and be comforted. My staff and I are always there for whoever calls or walks in our doors. No one is ever turned away.

In 2010 and earlier, Queens has had the highest rate of late-stage breast cancer detection in the nation. It stood at 33 percent versus the national average of 12 percent, according to the Queens Cancer Center. **These numbers are going DOWN, due to efforts like the outreaches and programs we are doing in libraries, high schools and in the greater community to reach underserved and underinsured communities**

On behalf of those we serve, and those whose lives are affected by cancer, I ask for your help and leadership to ensure that funding for groups, such as SHAREing & CAREing, that assist women, and men, with breast, ovarian, colon and other cancers, is included in the FY 18 Budget.

Thank you.

HOUSING WORKS 57 Willoughby St, 2nd Floor, Brooklyn, NY 11201 WWW.HOUSINGWORKS.ORG

Testimony of Housing Works
before
The New York City Council
Committee on Health
regarding
New York City Council Fiscal Year 2018 Preliminary Budget,
Mayor's FY '17 Preliminary Management Report and
Agency Oversight Hearings

March 29, 2017

Thank you Chairman Johnson and members of the Committee on Health for the opportunity to speak this afternoon. My name is Reed Vreeland, and I am here today representing Housing Works—a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts. Housing Works applauds Mayor de Blasio, the City Council, and the NYC Department of Health and Mental Hygiene (DOHMH) for your ongoing commitment to end the City's HIV/AIDS Epidemic by the year 2020. We urge the Mayor and City Council continue to support and build upon the City's successful Ending the Epidemic (ETE) initiative and to expand the City's efforts to combat viral hepatitis.

New York City has already made history with the early success of its ETE initiative. The City's HIV surveillance shows that between 2014 and 2015, NYC achieved an 8.3% decrease in new HIV diagnoses. In 2015, new diagnoses among gay and bisexual men decreased by 10.5% and new diagnoses among cis-gender women decreased by 8%. The number of new HIV diagnoses among young people ages 20 to 29 also reached a new low since 2001. The percentage of people with HIV engaged in care who were virally suppressed increased to 83% at the end of 2015. NYC has been able to get to zero mother-to-child HIV transmissions and decreased the number of new HIV infections attributed to injection drug use by more than 92% between 2001 and 2015 by supporting harm reduction programs.

Housing Works also applauds NYC DOHMH for endorsing the "New York State Consensus Statement on HIV Viral Suppression" to affirm the now conclusive scientific evidence that people with HIV who are on antiretroviral treatment (ART) that suppresses the virus to an "undetectable" level not only protect their own health but cannot transmit HIV to others. For persons with HIV receiving consistent treatment, "undetectable" status equals "untransmittable" status, and we thank DOHMH for ensuring that public education and messaging about HIV reflects this reality.

We are making real progress toward ending our City's HIV/AIDS epidemic, and must sustain and continue to build upon current investments in order to reach our 2020 ETE goals. Outlined below are some additional initiatives with the potential to accelerate our ETE progress.

It is within our reach to get to zero AIDS-related mortality (AIDS as the principal cause of death) and zero new HIV infections via injection drug use by establishing systems to treat these avoidable outcomes as "sentinel events"—the approach that has enabled NYC to eliminate perinatal infections. DOHMH field services staff would be funded to investigate each case with a high degree of attention to determine how it could have been averted and to recommend health system

improvements to prevent future avoidable deaths and new transmissions. Establishing these systems will save lives and money and bring us closer to ending the epidemic.

We must continue to increase access to PrEP and PEP services for all persons at high risk by offering comprehensive HIV prevention in new settings and in a manner that will reach currently underserved groups including women and injection drug users. And the City must continue to promote sexual health for all New Yorkers by continuing to enhance services offered by DOHMH's Sexual Health Clinics by increasing public awareness of and access to the clinics.

We are also excited about ongoing discussions of the potential to develop and implement data-driven demonstration projects to leverage the wealth of new resources available to improve outcomes for homeless and other low-income persons with HIV and other chronic conditions—the result of Medicaid redesign, the Delivery System Reform Incentive Payment (DSRIP) program, Health Homes, and the Ending the Epidemic (ETE) Blueprint. Persons enrolled in HASA and DHS represent some of the highest utilizers of health care services, with some of the poorest health outcomes. Yet there is currently little ability for integration of care between the HASA and DHS systems and the evolving integrated health care system. NYS's investments in Regional Health Information Organizations (RHIOs) have created a platform for consented data sharing to support increased integration of social and health services. Were these systems effectively integrated, persons in HASA and DHS would receive care that is more effectively coordinated and would achieve better health outcomes. This would accrue cost savings to both the health care system and these social services systems. In addition, better coordination of housing, health care, and psychosocial services, would likely accrue savings to publicly funded systems such as New York's public health, criminal justice, and corrections systems. We encourage the Council's continued participation in and support for this type of innovation.

As an important first step, DOHMH and HRA are using surveillance data to identify and reach out to persons in the DHS shelter system that became newly eligible for HASA housing and services when medical eligibility for the program was expanded last August to all income-eligible persons diagnosed with HIV infection. Housing Works urges continued support over the coming year for this important joint initiative to ensure that the most vulnerable New Yorkers have access to critical treatment supports. Moving persons from DHS shelters into HASA will save lives and public funding.

We also urge Mayor de Blasio and the City Council to expand the City's response to the hepatitis B and C epidemics. An estimated 1.2 % of NYC residents (about 100,000 people) have hepatitis B, and 2.4 % of NYC residents aged 20 and older (about 146,500 people) are infected with the hepatitis C virus. Between 1999 and 2014, the hepatitis C-related death rate increased by 38% and there was no reduction in the hepatitis B-related death rate. In order to respond to these epidemics, we urge the City Council to expand its Viral Hepatitis Initiative in FY18. Mayor de Blasio should include funding for hepatitis B and C services in the Mayor's Executive Budget.

Housing Works is proud that New York is on track to become the first jurisdiction in the world to end its AIDS epidemic. We urge the City Council and the Mayor to continue to support the City's successful ETE initiative and to expand on the City's commitment to combat the hepatitis B and C epidemics. Thank you for your time.

Testimony of

Before the

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Health Committee

Regarding

NYC School-Based Health Centers Funding

March 29, 2017

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While efforts to repeal the Affordable Care Act (ACA) have so far failed this is a time of great uncertainty and risk for the future of Medicaid. SBHCs will be needed more than ever if federal funding for Medicaid to New York is dramatically reduced. SBHCs see every child who enters their door regardless of ability to pay. They provide primary, dental, mental, and reproductive health care services, as well as preventative, chronic and other types of care to underserved populations. **SBHCs are safety-net providers for undocumented children and the uninsured. For many immigrant children, SBHCs are their only source of care**. Currently 15% of those served are uninsured- a number that is likely to increase in the near future.

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High school SBHCs have a proven track record of effective reproductive health care; HIV C/T, diagnosis and treatment of STIs and pregnancy prevention. If NYC SBHCs continue to close, the City will face increased costs from employing school nurses, more asthma hospitalizations, and higher pregnancy rates.

The loss of critical health care access points due to the lack of sustainable funding would have a detrimental impact on a large number of school children. Children and families will suffer from the cumulative underfunding of SBHCs, which contributes to increased long term health care costs, higher teen pregnancy rates, lower graduation rates, higher rates of untreated mental health issues, higher emergency room use, and more hospitalizations for asthmatic teens.

While these problems loom large, they are not insurmountable. Sustainable funding for SBHCs will help continue to safeguard the future of our city by helping children lead healthy, productive lives. Accordingly, we respectfully request that the City continue to demonstrate its commitment to our youth by providing sustainable funding for comprehensive SBHC services.

Recommendation:

We urge that the Mayor and the City Council are able to allocate and baseline resources to School Based Health Clinics to sustain operational costs so that SBHCs are able to continue to provide critical services to the youth they serve. In line with allocating resources to SBHCs, we ask that the City Council amend the current NYC Administrative Code (S 17-187 School Nurses) to allow schools with school based health clinics to use the funding allocated for school nurses to provide services through the already established clinic.

Thank you again for the opportunity to testify before you today on this very important issue. Please feel free to contact me at dappel@montefiore.org or (718) 696-4070 with any questions regarding this testimony.

FOR THE RECORD

District Council 37, AFSCME Testimony
for NYC City Council Preliminary Budget Hearing on Health and Hospitals.
Wednesday March 29thth, 2017

District Council 37, AFSCME represents over 18,000 members in the NYC Health and Hospitals system, and another 4,000 in the NYC Department of Health. Our members are involved in every aspect of health care provision: DC 37 members working in clerical titles sign up patients for health insurance or Medicaid; Hospital Technicians and Institutional Services employees clean, feed and look after patients basic needs; Respiratory Therapists ease our patients' breathing; and Social Workers insure that patients are safely discharged to their homes or next step care. There are numerous other occupational groups as well that work in teams to insure NYC Health and Hospitals patients get the best possible care. We have excellent licensed professional partners among our sister and brothers in the New York State Nurses Association, the Doctor's Council, the Committee on Interns and Residents, the Communication Workers of America and more.

The Mayor and the City Council have heroically stepped up and provided nearly $2B in funding to support and modernize the Health and Hospitals system. Council members know the critical services that are provided in each of your communities since you are closest to the constituents and we thank you for your support. As you are aware, the funding problems H & H faces are complicated and related to the chronic underfunding and high number of uninsured patients relative to other facilities.

For the past two years District Council 37, along with our sister unions have been engaged in a joint labor and management effort to lobby for fair funding for our public health system. We were successful in securing unanimous passage in the Senate and Assembly to create a true safety net definition for New York State's hospitals. This legislation provided a fair and rational method to distribute funding based upon on the actual percentage of Medicaid and Uninsured patients served. Sadly, the Governor failed to sign this landmark legislation. Now safety net providers, including Health and Hospitals, are plunged into an even more uncertain funding scenario as the federal funds are unstable and there are still planned Disproportionate Share cuts in October of 2017, which may or may not be postponed by Congress. Already we are hearing that aggregate enrollments declined in the last week of open enrollment due to patient confusion. We also are beginning to hear reports of immigrant populations avoiding emergency rooms for fear of getting picked up by immigration. These fears are not accurate. Health and Hospitals is committed to providing care to all, regardless of insurance or immigration status. Avoidance of care will most certainly lead to more complicated health conditions for individuals, raise significant public health concerns, and result in higher overall costs to the system.

The care NYC Health and Hospitals provides costs far more than the system receives back in Medicaid revenue or in supplemental payments from the federal and state funds to support care for the uninsured. This must change in the future so that the dollars follow the patients and is commensurate with the care provided.

Health and Hospitals has been working to address its very serious structural budget concerns and has kept the Union regularly informed of the status. The budget is balanced for the remainder of this year without cuts to unionized staff. Careful analysis of current reporting structures resulted in consolidations of some inefficient models of staffing. Despite corrective actions, projected gaps remain in FY 18, of close to 2 billion dollars and growing in the out years. This is of tremendous concern to our members. For the past six months there has been a major cutback in overtime hours and replacement of staff who resign or retire. We are alarmed about the impact of these cuts on safe patient care. Safe patient care is the only reason our members are asked to work overtime and replacement staff is needed, and that need has not diminished. We do not want to see any more drastic actions that could put our patients at risk.

The Blue Ribbon Commission report released last week relies heavily on reducing inpatient capacity, partnerships with other hospital based systems and community based providers. We are concerned about maintaining the integrity of the public hospital system. We should not pay middle men and more administrative costs to do the work that we are already doing. In addition to the various data metrics the report references, the restructuring must follow the collective bargaining agreements and respect the careers of dedicated H & H employees.

At the state level, the answer to saving health care funds is NOT shifting more costs to the city. One proposal in the Executive budget cuts 100 million dollars over two years if the city fails to produce equivalent savings in increasing completed paid claims for preschool and school age children using Medicaid billable services through NYC Department of Education. This proposal is only punitive to the city and fails to create savings to the state, as any state match of funds is deducted from regular state school aid in any case.

Indigent Care Funding has to be fairly distributed: NYC Health and Hospitals is the single largest provider but doesn't get the money that is supposed to be dedicated to care for the uninsured. This was highlighted in a recent NY Daily News article, based on data from the Empire Center, that indigent care funds are not fairly distributed. DC 37 has been saying this all along. Now there is more documentary evidence:

> From the 2/6/17 NY Daily News "Take, for example, the city-owned Kings County Hospital Center in East Flatbush, Brooklyn. In 2015, it provided $111 million worth of medical care to the uninsured, the most of any hospital in the state. It got back just $15 million from the Indigent Care Pool.
>
> Over in Manhattan, meanwhile, internationally renowned New York-Presbyterian Hospital gave away $60 million in care, and got back $49 million from the (indigent care) pool. That's three times more funding than Kings County received, for delivering about half as much care."

Yet, the Executive state budget proposes to renew the Health Care Reform Act (HCRA) funding through 2020, without addressing the changes that are needed for the distribution of indigent care funds.

The Enhanced Safety Net legislation was intended to address this inequity. If funding was directed to hospitals that had greater than or equal 50% Medicaid and Uninsured expenses as a share of total expenses and greater than or equal to 2% uninsured expenses as a share of total expenses, the bill would have doubled the amount of safety net funds to true safety net providers. Since the Safety Net bill was vetoed, it is incumbent upon the Legislature and the Governor to come up with a budget solution that addresses this gross funding inequity. The following are points we are advocating with the state to provide more equity in funding.

- Employ Montefiore Math model: Extend to Safety Net hospitals the formula that allocates $50m to Montefiore Medical Center in order to increase access to care for Medicaid and uninsured patients through bond issuance.
- Create an enhanced rate for Managed Medicaid for safety net providers such as Health and Hospitals, using Tobacco Revenue funds in addition to state funds.
- Eliminate proposal to cut 100 million dollars over two years in cost shifting to New York City for school based health services from the Executive Budget.
- Compensate for federal cuts in disproportionate share funds.
- In the event of federal cuts or block granting of Medicaid funds, there must be a consultative process with the legislature regarding changes.

DSRIP progress report DC 37 and our sister and brother unions are developing a productive relationship around the implementation of the DSRIP program. The One City Health Workforce subcommittee has met several times over the last few months. So far, funds flow, job development and training for new jobs have been slow. As it was last year, the funding that was awarded to NYC Health and Hospitals One City Health was more than $800 million less than the projected costs and this was not addressed in last year's final state budget despite additional responsibilities placed on the One City Health PPS. Sufficient funding is essential for workforce plans to be addressed and care models to be properly implemented. Workers cannot simply take on additional tasks and perform new documentation requirements without the resources to do so properly. We urge the City Council to work with the NYS legislature and NY State Department of Health to allocate additional DSRIP funds for One City Health projects.

Adelia Honeywood 3/29/17
Testimony for Council Health Committee ~~meeting~~ hearing

My name is Adelia Honeywood. I am a cat rescuer with Brooklyn Cat Café and I live in Councilmember Eugene's district where over several years I have spent my own time and own dime doing Trap Neuter Release with feral cats.

The underfunding of ACC by the city is not just an animal welfare issue, it is a human welfare issue that affects the emotional well being of New Yorkers and their quality of life on the streets of their neighborhoods – especially for more vulnerable populations.

ACC has worked so hard with so little and made great strides forward. But they operate on a meagre budget in antiquated facilities and the reality is that healthy animals are still killed for lack of space or they contract life-threatening illnesses after entering the shelter. This means that New Yorkers don't have a shelter system they can trust in times of crisis.

We get so many pleas from people in dire situations. They've been evicted, have lost a job, maybe have a serious illness and cant care for their pet anymore. And they don't want to send their beloved pet to its death in a shelter. And we can't take them all. So animals land on the streets. And let's say that cat isn't spayed or neutered, because it's ridiculously expensive and low cost options aren't always easy to access. So that cat makes hundreds more. And you have streets full of suffering cats that's a public nuisance to some, and daily heartbreak to others, or maybe both. If someone six months earlier could have taken their cat to ACC with confidence it would come out alive, then there might be less cats on the streets.

When I moved to my neighborhood in 2007, there were cats everywhere. Emaciated cats pawing the garbage in sub-zero weather, sick kittens with infections that turned their eyeballs to mash. That is a heartbreaking thing to walk through every day. And this is Ditmas Park, a pretty affluent neighborhood. In less affluent neighborhoods the situation is a thousand times worse.

In order to truly help people and their pets, ACC needs the funding that will allow them to meet the demands for their services. They have requested $15 million for their contract and are not getting that. And they have to have new facilities. There is a ten year, $15.5 million capital plan for renovations to the Manhattan and Brooklyn facilities, and new shelters in the Bronx and Queens. Too little money and too long a timeline. I urge the city and the DOH to step it up.

I was once contacted on behalf of a woman who was elderly and destitute, and her husband was dying. She had to go live with relatives who took her companion of 7 years, a calico cat named Precious, to the Staten Island shelter. On top of everything she knew that her beloved friend might be killed in a matter of days. We pulled Precious and found her home. The woman wrote to us:

"Thank you again for loving her and please pet her for me and tell her I love her and will never forget her. She will live in my heart for eternity."

New Yorkers love their pets. They are their family. The city should help them protect their family.

ALL NON-HOSPITAL NYC DEATHS

NYC HOSPITAL DEATHS

NYPD Notification

DOCTOR calls to discuss

MEDICO-LEGAL INVESTIGATORS

(PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS)

Non-suspicious

Scene Investigation

Medical Consultation

Natural causes **Deferred** back to hospital

SCENE VISIT

[Documentation of scene]
[Photographic documentation]
[Interview/Medical/Canvassing]
[Physical exam of body]
[Identification/Processing/Report]

Accepted
[Report generated]
[Labs/Bloods request]

MEDICAL EXAMINER

working in Manhattan, the Bronx and Brooklyn, identify and address each person's complex needs and shape a plan to stop the cycle of re-arrest and re-victimization. As part of these services, individuals are provided with counseling around STD prevention and improving their physical health as well.

In addition, experts and community leaders alike have found that treating crime and violence like an infectious disease and implementing innovative ways to prevent its spread to be a successful strategy in achieving community health and safety. The Center's anti-gun violence initiative, Save Our Streets (S.O.S.), which is operates in Crown Heights, Bed-Stuy, and the South Bronx, works to prevent gun violence by 1) mediating conflicts that may end in gun violence, 2) providing peer counselors to individuals who are at risk of being victims or perpetrators of violence, and 3) working closely with local partners to promote a visible community-wide message that shooting is unacceptable.

I am here to urge the Council to support continued funding for the Center for Court Innovation and its efforts such as the ones above to improve health and safety through expanded use of community-based alternatives to incarceration, and increase equal access to justice for vulnerable New Yorkers. The Center for Court Innovation is seeking $700,000 in City Council support. This includes a continuation of $500,000 to support ongoing core operations in communities across the city, and an enhancement of $200,000 to expand alternatives to incarceration in several key neighborhoods.

The Center is committed to improving outcomes for young people impacted by the justice system and offering them pathways to healthy living and academic, social and vocational success. Through both court and community-based programs, we provide judges, prosecutors, and police with meaningful alternatives to business as usual. These programs serve more than 6,000 youth each year, providing young people with opportunities to avoid Rikers Island, and in many cases, a trip to court. With the Council's support, we could serve hundreds more.

In addition to diverting New Yorkers out of the justice system, we are helping people transition back to community life after spending time in jail or in detention. One such project is the Harlem Community Justice Center, which, together with its faith-based community partners, provides support to hundreds of individuals who are released from prison each year. Council support would allow us to increase the number of individuals served by 30 percent.

The City Council's support has been invaluable to the success of the Center for Court Innovation, helping us maintain core operations and expand our demonstration projects throughout New York City. The

Center for Court Innovation looks forward to continuing to work with the New York City Council to improve public safety, healthy living and to create new alternatives to incarceration that result in a fairer, more accessible justice system for all New Yorkers. Thank you again for the opportunity to speak, and I would be happy to answer any questions you may have.

New York State NURSES ASSOCIATION One strong, united voice for nurses and patients

March 29, 2017

New York City Council Committee on Health
FY 2018 Preliminary Budget, Mayor's FY 2017 Preliminary Management Report
And Agency Oversight Hearings

Submission of the New York State Nurses Association

The New York State Nurses Association represents 39,000 registered nurses in collective bargaining and is a leading advocate for universal coverage and high quality health care for all New Yorkers. We are also the union for almost 9,000 registered nurses working in the New York City Health + Hospitals (NYCHH) public hospital system.

As is well known to the Council and the broader public, the NYCHH system faces significant fiscal challenges that are laid out in the NYCHH Report presented to the Health Committee today and in the recently released report and recommendations of the Mayor's "Blue Ribbon" commission.

The financial situation faced by the NYCHH system are stark and not in dispute. The NYCHH system, comprised of 11 hospitals, 5 long-term care facilities and a large network of out-patient treatment centers and clinics faces projected operating losses of $1.1 billion in FY2017, $1.3 billion in FY18, $1.6 billion in FY19 and $1.8 billion in FY20.

In order to address these operating losses, the City has increased its direct support to NYCHH and is proposing a series of measures to increase revenues and cut costs with a goal of making the NYCHH system sustainable.

On the revenue side, NYCHH is relying on various revenue generating "initiatives" that include, increased Federal Medicaid funding, increased Federal and State charity care support, expanded revenue from the NYCHH-owned MetroPlus insurance company, and the monetization of NYCHH real estate and infrastructure assets. These initiatives are expected to provide roughly $1 billion per year in added revenue from FY18 to FY20.

In addition to the revenue enhancement initiatives, NYCHH is also pursuing expense reduction initiatives that include improved supply chain processes, system restructuring, and personnel reductions. Though these cost cutting initiatives are no spelled out in detail, the "Blue Ribbon" commission report seems to focus on a substantial reduction in in-patient capacity (i.e., eliminating beds), closing or consolidating facilities and patient services, and reductions in personnel. These cost reductions are expected to save $118 million in FY17 and rise to $698 million in FY20.

The combined effect of the revenue enhancement and cost reduction initiatives is projected to eliminate the $1.8 billion operating loss projected for FY20.

NYSNA does not dispute that NYCHH faces serious financial and structural challenges, and we support efforts to increase revenues and cut unnecessary expenses. We are concerned, however, that the solution to the fiscal problems faced by NYCHH are based on incorrect premises, fail to properly situate the problems of NYCHH in the broader context of the entire NY City health care delivery system, and thus are unlikely to stabilize NYCHH and sustain its vital role as the backbone of the entire NY City health care delivery system.

1. NYCHH Role in the NY City Healthcare Landscape

NYCHH loses money and will always lose money because of its role and function within the broader healthcare delivery system in New York City.

The system accounts for roughly 20% of the total beds in New York City, but it bears a wildly disproportionate share of the cost of providing care for the uninsured, the underinsured, lower income working people, immigrant communities and communities of color:

- NYCHH accounts for 48% of uninsured patient discharges, 53% of uninsured emergency visits, 68% of uninsured ambulatory surgeries and 80% of uninsured clinic visits on a city-wide basis;
- NYCHH hospitals account for 6 out of the 13 designated Adult Level 1 and Adult Regional Trauma services in New York City (maintaining these designations are very costly for hospitals);
- NYCHH provides a disproportionately higher share of low reimbursement drug, alcohol and psychiatric services – 39% of alcohol dependence, 49% of bi-polar disorder, 37% of cocaine dependence, 44% of major psychological disorder and 59% of schizophrenia inpatient treatment;
- NYCHH has higher proportions of uninsured and Medicaid patients – 67.5% of inpatient discharges, 68.5% of outpatient visits, and 86.3% of pediatric outpatient visits;
- NYCHH patients are more likely to be people of color – for example, Bellevue and NYU Langone are adjacently located on 1st Avenue, but Bellevue's patient population is more than 80% non-white, while NYU Langone patients are 34% non-white.

Given these and a slew of other aspects of NYCHH patient population that could be cited, it is no mystery that NYCHH operates with significant operating losses.

The fact of the matter is that NYCHH picks up the costs of a wide range of services and populations that private sector providers are able to avoid precisely because NYCHH is there to assume this load.

This explains why the five major private hospital systems (NY Presbyterian, NYU, Mount Sinai, Montefiore and Northwell reported net revenues (profits) of more than $650 million in 2015 (and which are even higher in 2016), while, NYCHH faces large recurring losses. It is the existence of NYC H+H and its role in the broader NY City health care system that allows these private hospitals to accumulate huge surpluses.

The private voluntary hospitals are not only adept at avoiding these costly services and saddling them on the public hospitals – they are also siphoning off more highly reimbursed patients and types of service or treatment from NYCHH for their own financial benefit.

This is borne out in the NYCHH report to the Committee (see chart on page 14), which indicates that NYCHH patient volume decreased by 9,674 patients in the first four months of FY17 while the number of uninsured patients increased by 4,059 in that same period. NYCHH thus lost about 13,000 insured patients (to private providers), added 4,000 uninsured patients in their place and increased the percentage of uninsured patients in its payer mix from 31.76% to 32.87%).

We can expect this dynamic to continue to press NYCHH financially to the benefit of the private providers, thus frustrating attempt to make the system "self-sustaining" and leaving the broader public with reduced or deteriorating services and tax payers to foot the bill.

2. The NYCHH System's Cost Structure Is Not Inefficient

The NYCHH report to the Health Committee and the recently released Blue Ribbon Commission Report are both premised on the argument that NYCHH must significantly reduce costs. This cost cutting process will largely take the form of slashing personnel, cutting "inefficient" services and reducing capacity.

This approach is premised on the erroneous assumption that NYCHH has an unsupportable and high cost structure, and is directly related to the unstated premise that public hospitals (like government services) are less efficient, costlier and of lower quality than private sector service providers.

In point of fact these spoken and unspoken premises are unsupported by the facts. NYCHH costs for treating patients are comparable to or lower than those of private voluntary hospitals.

Though there is no detail regarding treatment costs in the NYCHH report to the Health Committee, a review of the Blue Ribbon Commission report asserts that NYCHH hospitals have a per discharge cost $20,170, compared to an average in the private sector of $16,458 (a 22.6% difference).

This analysis is based on a flawed formula that factors in in-patient discharge costs, a standard out-patient multiplier of 1.4 of in-patient costs, and then adjusts for Case Mix Index (a measure of the severity of patient's condition).

This cost formula, which is the basis of the 22.6% difference between NYCHH and private sector costs of treatment, is flawed and does not accurately reflect NYCHH costs for several reasons. First, the multiplier to adjust for out-patient costs is not an accurate gauge for NYCHH because NYCHH has a much higher than average outpatient foot-print. Second, the Case Mix Index adjustment further distorts the NYCHH cost structure because NYCHH has historically failed to fully capture patient acuity in its documentation, has fewer resources to focus on maximizing CMI and has not engaged in sophisticated "gaming" mechanisms employed by many private sector providers to maximize their billing and revenues. Finally, as has been widely acknowledged in numerous studies and, increasingly, by the Federal CMS authorities, the CMI measure of patient acuity do not account for socio-economic factors that can add to the cost of treating patients with psychiatric or chemical dependency issues, people with diverse language or cultural backgrounds, or large numbers of poor people who may not have the resources or home environment to allow them to receive treatment within the standard CMI based cost formulas.

Our analysis of NYCHH patient care costs, which does not adjust for CMI but does adjust for *actual* out-patient volume, in-patient and out-patient charges and in-patient and out-patient labor costs. Using this methodology, we conclude that NYCHH hospitals are generally on the lower end of hospitals in NY City in terms of payroll expense per adjusted discharge. The average NYCHH hospital payroll cost per adjusted discharge was less than $8,000 and NYCHH hospitals comprised 7 of the 15 hospitals in NY City with the lowest costs.

3. NYCHH Quality Of Care Is As Good As Or Better Than That Of Private Sector Hospitals

Notwithstanding that NYCHH labor costs per discharge are actually lower than most private hospitals, there remains an unspoken assumption that quality of care is inferior to that provided by the top private sector hospitals, particularly the large academic medical centers.

This (unspoken premise) is also false, but if NYCHH undertakes a misconceived and rash round of layoffs of direct care workers, it might prove to be a self-fulfilling prophecy.

The latest Leapfrog Group survey, which is a national hospital industry quality measure organization that rates hospitals on a set range of quality of care metrics, has consistently found that NYCHH hospitals as a whole to provide higher than average quality metrics. According to the Leapfrog report issued in November of 2016, 5 NYCHH hospitals received a grade of "A" or "B", while no other hospitals in NY City received more than a "C". In fact, every NYCHH hospital did as well as or better than such "premier" hospitals as NYU, Mount Sinai, NY Presbyterian, Montefiore, Maimonides and Methodist hospitals. See Leapfrog Report at http://www.hospitalsafetygrade.org/search?findBy=state&zip_code=&city=&state_prov=NY&hospital=.

We have also analyzed discharges from a range of common diagnoses (acute myocardial infarction, bronchitis/asthma, chronic pulmonary disease, diabetes, heart failure & shock, intracranial hemorrhage cerebral infarction, kidney and UT infections, and septicemia or severe sepsis) and in an apple-to-apple comparison found that NYCHH system hospitals on average had significantly lower percentages of complications or major complications in each category than the average for all other hospitals.

Though the quality of care provided to patients at NYCHH is thus as good as or even better than that provided in the private sector, the emphasis on cutting personnel and other costs presents a real danger that quality of care will deteriorate, and jeopardize not only the patients that rely on NYCHH for their care, but also call into question any plan to improve the financial conditions of the NYCHH system.

4. The City Must Take The Lead In Transforming NY City's Health System To Meet Local Needs

A transformation plan that focuses only on the NYCHH hospital system's finances, without considering the role that it plays in the broader healthcare system is doomed to failure. NYCHH cannot become self-sustaining because, as we noted above, its role is to absorb the losses that the private providers are unwilling to shoulder.

Indeed, if the NYCHH hospital system were to close or significantly cut back on its services, the viability of the entire hospitals system would be questionable. The large academic hospital systems that generate hundreds of millions in operating surpluses would see their margins shrink and the weaker hospitals that have small positive or break even margins would quickly see losses if they had to provide care to larger numbers of uninsured and underinsured patients.

The NYCHH system thus has a symbiotic relationship with the private providers, absorbing costs and assuming obligations for services that the City needs but that the other hospitals are able to avoid because of the existence and role of the public system.

Given this dynamic, it is necessary to ensure that any restructuring of NYCHH and path toward sustainability include the following key elements:

- The City must take a more assertive and bolder role in coordinating and guiding the delivery of healthcare services based on local community needs and using legal, political and moral suasion to create a fairer distribution of both the burdens of providing needed services and of revenue flows between NYCHH and the private hospitals;
- Given the role of NYCHH, any corrective action must include an analysis and reshaping of the broader hospital and healthcare infrastructure;
- Any cost cutting measures must focus on overhead, supply chain, managerial and other improvements to efficiency that will not impact direct patient care services and personnel;

- Quality of care must be maintained to prevent a vicious downward cycle of cuts that affect quality causing more revenue losses that in turn cause further cuts in service;
- Reductions in services or capacity must be minimized and closely correlated to local needs assessments and include a holistic analysis of the entire public and private health infrastructure;
- The goal of any restructuring cannot be merely to fix the finances of NYCHH but to create an integrated city-wide healthcare system in which the private and public provider systems work together to provide health services to the people of New York.

YWCA of QUEENS
eliminating racism
empowering women
ywca
42-07 Parsons Blvd., Flushing, NY 11355 Tel: 718.353.4553 Fax: 718.353.4044 www.ywcaqueens.org

YWCA of Queens

Testimony on NYC FY 2018 Budget

Tammy Yuen, Healthcare Navigator

March 29, 2017

Good Afternoon, my name is Tammy Yuen and I am a healthcare navigator at the YWCA of Queens. Today, I am respectfully to urge the New York City Council to renew the Access Health NYC initiative of $5 million for the next fiscal year. Particularly, I want to say thank you to the New York City Council Committee of Health Chair, Corey Johnson, and City Council Speaker Melissa Mark-Viverito for their support of making reality for the Access Health NYC in 2017. In the past year, Access Health NYC has funded training our navigators to help immigrants in the Flushing community to understand New York City healthcare options and where to get low-cost healthcare access, as well as social services. We need Access Health NYC programs to support our continuous workshops and outreaches. So far, we have completed eleven workshops and ten outreaches. We have reached out to schools, senior centers, food pantries, farmer markets, libraries, jobs fair and community base organizations to help immigrants to understand low cost Government health insurance. We have translated healthcare flyers for Korean and Chinese immigrants who are not speaking English.

We have helped many people who live in low income to get Medicaid and Essential Plan which are offered by New York State of Health Marketplace. For those immigrants who were lack of access to healthcare, we educated them to know about HHC Options and advised them to take advantage of it. For example, I was scheduled for a tabling outreach at NYC Choice Career Fair in Holiday Inn Midtown on January 25th. There were attendants not only looking for a job, but they also needed insurance coverage. I reached out to them and sent them materials about New York State of Health Marketplace. Access Health NYC now becomes a community based program and we need the fund to sustain local health programs through education. At last, I would like to say thank you to the City Council for its tremendous support of renewing the initiative.

The YWCA of Queens was found by immigrant women who came to the United States to become productive members of society. We create and maintain programs that are relevant and influential to our community. We proud to be Americans and we will continue to speak out against inequality and work to foster peace, justice, freedom and dignity for all. Our mission statement is empowering women, eliminating racism.

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: 3-29-17

(PLEASE PRINT)

Name: CATHRYN SWAN

Address: Brooklyn, N.Y.

I represent: No Spray Coalition / Animal Advocate

Address: 221 E 3rd St Bklyn

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: Mitchel Colten

Address: Brooklyn

I represent: No Spray Coalition

Address: 2652 Cropsey Ave. 7H, B'klyn 11214

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: 3/29/17

(PLEASE PRINT)

Name: Reed Vreeland

Address: 57 Willoughby St. Brooklyn, NY

I represent: Housing Works

Address: 57 Willoughby St., Brooklyn, NY

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☑ in favor ☐ in opposition

Date: 3/29/17

(PLEASE PRINT)

Name: Alex Leung

Address: _____

I represent: Local 768, DC37 (Medical Legal Investigator)

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: 3/29/17

(PLEASE PRINT)

Name: Fitz Reid

Address: _____

I represent: President Local 768, DC37

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: Sandy Rozza

Address: Deputy Commissioner

I represent: DOHMH

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Mary Bassett

Address: Commissioner

I represent: DOHMH

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: Carlos Rosario

Address: 80 A Fourth Ave BK NY ~~10027~~ 11217

I represent: Local - New York - 1

Address: X

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: David Appel, MD

Address: Montefiore, Bronx, NY

I represent: Montefiore

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Barbara Sampson

Address: 520 First Ave.

I represent: OCME

Address: 520 First Ave

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: 3/29/2017

(PLEASE PRINT)

Name: JASON GRAHAM (NYC OCME)

Address: 520 FIRST AVE, NY, NY 10016

I represent: OCME

Address: (above)

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: 29-March-17

(PLEASE PRINT)

Name: David T McCann

Address: 527 Vanderbilt Ave St, NY 10304

I represent: OCME

Address: 421 E 26 St NY, NY

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/29/2017

(PLEASE PRINT)

Name: Florence Hutner

Address: OCME 421 E 26th St

I represent: OCME

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: 3-29-17

(PLEASE PRINT)

Name: Dina Manolis

Address: 421 East 26th

I represent: OCME

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: Christina Zheng

Address: _____

I represent: NYC HepB Coalition

Address: New York Univ. Medical Center

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Soon Kim

Address: _____

I represent: Korean Community Services

Address: 2 W 32nd St. NY NY 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/29/17

(PLEASE PRINT)

Name: DR. HARMIT KALIA

Address: 1180 MORRIS PARK AVE, BRONX NY 10461

I represent: MONTE FIORE MEDICAL CENTER

Address: 111 E 210 ST BRONX NY 10467

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: Esther Kaplow Shelter Reform Action Comm.

Address: _____

I represent: info@shelterreform.org

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: HIAWATHA Collins

Address: _____

I represent: HRC Peer Network of 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: _____

(PLEASE PRINT)

Name: Merryl Reichbach (Sloving & Caresing)

Address: 45-02 Ditmars Blvd Astoria NY

I represent: Sloan Kettering & Queens Cancer

Address: 45-02 Ditmars Blvd Support SOS Astoria NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: George Askew

Address: Deputy commissioner

I represent: DOHMH

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Tom Merrill

Address: General Council

I represent: DOHMH

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: 3/29/17

(PLEASE PRINT)

Name: PHILLIP L. ZWEIG, M.B.A.

Address: 330 EAST 38TH ST #16Q NYC 10016

I represent: PHYSICIANS AGAINST DRUG SHORTAGES (PADS)

Address: SAME AS ABOVE

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: Dr. Demetre Daskalakis

Address: Acting Deputy Commissioner

I represent: DOHMH

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr Gary Belkin

Address: Deputy Commissioner DOHMH

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Corrine Schiff

Address: Acting Deputy Commissioner DOHMH

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/29/17

(PLEASE PRINT)

Name: Hyewitz Collins

Address: 22 West 27th Street, NY 10001

I represent: Harm Reduction Coalition

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Wayne Clarke

Address: 9603 Glenlands Ave Bklyn NY

I represent: My Time Inc

Address: 9603 Glenlands Ave Bklyn NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joel Kupferman

Address: _____

I represent: NY Prov. Law & Justice Project

Address: 225 BWY #2625 NY 10007

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: Machelle Allen - Chief Medical Officer

Address: H+H Preliminary Budget Hearing for FY18

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. Budget Res. No. _____

☒ in favor ☐ in opposition

Date: 3/29

(PLEASE PRINT)

Name: Elizabeth Adams

Address: 627 Classon Avenue

I represent: Planned Parenthood of NYC

Address: 26 Bleecker St.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: 3/29/11

(PLEASE PRINT)

Name: Stan Brezenoff, President

Address: _____

I represent: NYC Health + Hospitals

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: P. V. ANANTHARAM

Address: 125 Worth Street

I represent: NYC H+H

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Laura Redman

Address: _____

I represent: New York Lawyers for the Public Interest

Address: 151 W. 30th St, NYC 10001

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: John Jurenko, Vice President

Address: _____

I represent: NYC Health + Hospitals

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: 3/29/17

(PLEASE PRINT)

Name: Ross Wilson, MD. Chief Transformation Officer

Address: _____

I represent: NYC Health + Hospitals

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. Health Budget Hearing Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Rachel Pratt, SVP Youth & Community Services

Address: _____

I represent: New York Road Runners

Address: 156 W. 56th St. New York, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Adelia Honeywood Hamson

Address: honeywood5@yahoo.com

I represent: Brooklyn Cat Cafe, Private Client

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: William Sachs

Address: 230 Riverside Dr

I represent: League of Human Voices

Address: 230 Riverside Dr

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: 3-29-17

(PLEASE PRINT)

Name: Kendra Oki

Address: 552 Southern Blvd Bx N.Y 10455

I represent: Health People

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: 3/29/17

(PLEASE PRINT)

Name: Annette GAUDINO / TAG

Address: _____

I represent: Treatment Action Group

Address: 90 Broad St # 2503 NY NY 10004

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: 3/29

(PLEASE PRINT)

Name: Ronni Marks Suite AC

Address: 35 East 38th Street

I represent: The Hepatitis C Mentor + Support Group

Address: SAME

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chris Norwood

Address: 552 Southern Blvd Bx

I represent: Health People

Address: Same

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: AMANDA LUCG

Address: 429 W. 127th St. New York, NY 10027

I represent: African Services Committee

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: 03.29.17

(PLEASE PRINT)

Name: SHEILA REYNOSO

Address: 111 E 210th Street Bronx, NY 10467

I represent: MONTEFIORE

Address: _____

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Claudia Calhoun

Address: New York Immigration Coalition
131 West 33rd St 10001

I represent: _____

Address: Access Health NYC

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Alexis Posey

Address: FPWA

I represent: _____

Address: Access Health NYC

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Maha Atieh

Address: Arab American Family Services

I represent: _____

Address: Access Health NYC

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

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Suzanne Robinson-Davis

Address: Bedford-Stuyvesant Family Health Center

I represent: Access Health NYC

Address: _____

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