CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH COMMITTEE ON IMMIGRATION
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November 28, 2017
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HELD AT: Council Chambers – City Hall

B E F O R E: COREY D. JOHNSON
Chairperson

CARLOS MENCHACA
Co-Chair

COUNCIL MEMBERS:
MATHIEU EUGENE
ROSIE MENDEZ
PETER A. KOO
JAMES VACCA
JAMES G. VAN BRAMER
DANIEL DROMM
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ROBERT E. CORNEGY, JR.
RAFAEL L. ESPINAL, JR.

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

Bitta Mostofi
Acting Commissioner of the Mayor's Office of Immigration Affairs, MOIA

Rishi Sood
Director of Policy and Immigrant Initiative at DOHMH

Matilde Roman
Executive Manager at the New York City Health and Hospitals Corporation

Claudia Calhoon
Health Policy Director at the New York Immigration Coalition

Norma Tinubu
Senior Supervising Attorney at LegalHealth

Susan Welber
Staff Attorney at the Legal Aid Society in the Civil Practice Law Reform Unit

Laura Redman
Director of the Health Justice Program at the New York Lawyers for the Public Interest

Marinda Van Dalen
Senior Health Justice Staff Attorney at New York Lawyers for the Public Interest

[gavel]

COUNCIL MEMBER MENCHACA: I'm Carlos Menchaca, City Council President of the Committee on Immigration and I'm real excited to be here with… in joint hearing with Chair Corey Johnson of the Health Committee to talk about something very, very important for the immigrant families of our city. I'm happy to hold this hearing in conjunction with the Health Committee because this is an opportunity for us to make a real dedicated focus on a community that is not only in need but is asking for response from the city of New York. I would also like to recognize when they come members of our committee on immigration. Of course, I would also like to thank all of you for being here this morning. Please remember to fill out any witness slips if you are testifying today and you can get them from the Sergeant of Arms. Today's hearing is about immigrant access to health care and what the city can do to ensure to all immigrants that they have access to health care services. There will also be a vote on Intro 973-B and I will let the sponsor, Chair Corey Johnson to speak to that bill in a moment. Under the Affordable Care Act health cover… health care

coverage expanded significantly and yet there were 28 million uninsured Americans at the end of 2016. Despite this staggering figure the President and the republican members of congress continue their mission to cut health care funding. This lack of compassion does not align with our values as New Yorkers, affordable health care is a human right. We believe that public health is improved for the city as a whole when individuals have regular access to services and can afford their prescription medication. No individual should have to decide whether to pay for food or pay for medical attention and medications. We know that funding cuts will only make existing disparities and access to health care worse and that minority and immigrant communities, LGBTQ individuals and seniors will be first to see the negative consequences. In 2013 approximately 64 percent or 300, 345,000… 345,000 of the city's undocumented individuals were uninsured and 20 percent of those other noncitizen, citizens in New York City were uninsured compared to the ten percent for the rest of the city. As the council along with the Mayor we have the responsibility to ensure that no matter what happens at the federal or state level

that all New Yorkers get the care that they deserve to be healthy and to thrive. NYC is a national leader and when it comes to inclusive policies and programs and it certainly holds true in the health care context. For example, in FY ’16 the council launched our Immigrant Health Initiative which focuses on decreasing health asperities among immigrants by improving access to health care, addressing cultural language barriers and targeting resources and interventions. The initiative provides comprehensive services for immigrants including immigrant legal services, health literacy outreach and training, health care services and volunteer interpreter training. In FY ’18 the council expanded upon our Health Care Initiative by funding the Mental Health Services for Vulnerable Populations Initiative which supports community based organizations that provide mental health programs, services, trainings, and referrals throughout the city. This initiative addresses the mental health needs of vulnerable and marginalized populations such as HIV positive people, suicidal individuals and people with developmental disabilities. It will be a resource to those who have fear of deportation or deportation of a family member

and support families should a member be deported. The council also funded Access Health NYC Initiative which supports community based organizations that provide services to NYC's medically underserved populations including uninsured individuals and immigrants. We also passed legislation that enhances language access so that our immigrants can learn about and receive services in languages that they understand and feel most comfortable in. just last month the council passed two bills that expanded MOIA's duties and create, created a MOIA led interagency task force, both bills require city agencies to focus on challenges specific to the immigrant community. Through today's hearing we can help set the task force… the health care priorities for the task force. We will also hear about other city funded immigrant health initiatives from the Mayor's Office of Immigrant Affairs, the Department of Health and Mental Hygiene and H and H Hospital System. We know that there is much work left to do especially in light of the shifting federal policies and the funding for health care and insurance coverage. Through a series of hearings this session the Immigration Committee has taken a close look at

language access concerns, community outreach about existing resources and legal services that can help individuals become eligible for Medicaid coverage. Today though we will focus on options for direct medical care, that is our focus for today, direct medical care and assess how the city connects those in need of medical attention with affordable, quality health care services including mental health services. Thank you and I'll hand it now over to my Co-Chair and, and a dear colleague of mine from Manhattan Chair Corey Johnson, thank you.

CHAIRPERSON JOHNSON: Thank you Council Member Menchaca, Chair Menchaca. I'm Corey Johnson, the Chair of the Council's Committee on Health. Today as my colleague said the committees are holding a hearing on immigrant access to health care. The Health Committee will also be voting on Introduction Number 973-B which would create a committee on city health care services. I want to thank my good friend and champion Carlos Menchaca, the Chair of the Immigration Committee for Co-Chairing this important hearing with me today. I also want to take a moment to express my appreciation to the advocacy community that is here today, the health care workers and all

the hundreds of local organizations for their tremendous efforts in connecting immigrant New Yorkers to health care. These efforts along with partners in government have made New York City one of the leaders nationally in getting people enrolled in health care. We know that health care is a basic necessity and it should be a human civil right and should be affordable to everyone. unfortunately, even with the passage of the Affordable Care Act or Obama Care as it is often called too many have been left behind without coverage or without access to culturally and linguistically competent care. Under the Affordable Care Act undocumented persons are prohibited from enrolling in either the health exchanges or Medicaid with very few exceptions. Practically in New York City this translates into roughly 500,000 New Yorkers who do not have this basic right. New York City Health and Hospitals disproportionately carries the burden of uninsured patients in New York City. Approximately seven… 70 percent of patients served by Health and Hospitals are uninsured or enrolled in Medicaid, H and H will likely continue to be the magnet for the uninsured then we have to address this issue if we’re going to

continue to keep our amazing public hospital system alive. Moreover, we know that undocumented persons aren't the only ones facing barriers, experts suggest that some 85 percent of non-citizens in New York are eligible for either private or public health insurance, yet language access is still a major hurdle as is education, awareness and outreach. And for those who are eligible for insurance enrollment is just the beginning, some people simply can't afford to enroll through the marketplace or can't keep up with their premiums and deductibles once they are enrolled. We also know that many people who have insurance don't use it either because they don't see the importance of using it or the complexities of coverage are viewed as too immense to tackle. I hope this hearing is the beginning of a conversation on how we can all work together to ensure that immigrant New Yorkers are not just obtaining insurance but also participating in regular checkups, screenings, immunizations, and chronic care management to live long, healthy and happy lives. Again, I want to thank Council Member Carlos Menchaca for his leadership on all issues that relate to immigrant New Yorkers and immigration related to New York City and to the

advocates for their work on this important issue. In addition to this oversight topic the Health Committee will be holding a vote on a bill I am proud to sponsor, Introduction 973-B which would create a committee on city health care services to review community based health indicators in New York City and evaluate community level health needs that can be addressed by city health care services. New York City's health care system is a study in contrast, in some places it is capable of providing world class care in other areas especially those with residents who are low income and have high need it is woefully inadequate. Many communities throughout our city are seriously underserved with inadequate access to primary health care and hospital services as well as seriously at risk for environmental and socioeconomic conditions demonstrated to be major causes of illness and injury. Introduction 973-B will identify gaps in services and also ensure that the city's resources are being used efficiently and without excessive duplication, it's about creating collaboration between agencies and engaging with a variety of stakeholders to comprehensively address the health of New Yorkers. So, I want to… I believe we do not have

a quorum yet, we have one more member of the Health Committee to have a quorum to actually take a vote. I want to acknowledge we've been joined by some members today; we have a, a member of the Immigration Committee, Council Member Danny Dromm of Queens, three members of the Health Committee; Councilman Espinal from Brooklyn, Councilman Cornegy from Brooklyn and Councilman Eugene from Brooklyn and I want to turn it back over to my colleague Councilman Menchaca who I believe will call up the panel of folks that are going to testify in front of us today.

COUNCIL MEMBER MENCHACA: Thank you and I'd like to call up the, the first panel. We have the administration before us today from the Mayor's Office of Immigrant Affairs; Commissioner Bitta Mostofi, we have the Director of Policy and Immigrant Initiatives from DOHMH, Rish, Rishi, Rishi Sood and a third, New York City Health and Hospital's Matilda Roman, Roman. Thank you all for joining us today and when you're ready Commissioner. I'm going to do the affirmation for the administration. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony… in your testimony before

this committee and to respond honestly to all Council Member questions?

BITTA MOSTOFI: I do.

RISHI SOOD: I do.

COUNCIL MEMBER MENCHACA: Thank you so much, Commissioner you may begin.

BITTA MOSTOFI: Thank you. Thank you so much to Council Member, Chair Menchaca, Chair Johnson and members of the Committees on Immigration and Health for having us here today. My name is Bitta Mostofi, I'm the Acting Commissioner of the Mayor's Office of Immigrant Affairs. I am joined today by my colleagues from the Department of Health and Mental Hygiene and New York City Health and Hospitals who can address questions and specific, specifics of their agencies and their work on these important issues. In my testimony today on behalf of the administration, I will describe the work the city has done to connect immigrant to the health care system. Health care is a right that should be available to all regardless of immigration status or ability to pay. New York City is a leader when it comes to access to health care for our residents including immigrants. Our health care system including the New

York City Health and Hospitals and services through the Department of Health and Mental Hygiene is a remarkable resource open to all regardless of immigration status, ability to pay, with strong language access and cultural competency efforts and there are many insurance programs open to immigrants. In our health care access work, we have learned that perhaps the biggest area of need is to provide information and connected, connect uninsured immigrants who are unaware of the options that may be available to them or who are afraid to access those options. In order to accomplish that, this administration has launched innovative programs focused on connecting immigrants to the health care system and our efforts have been successful. One example of this success is MOIA's recently launched expansion of the ActionNYC immigrant legal services program and we've done so in New York City Health and Hospital's facilities where we're been able to provide long term care patients and others with immigration relief so that they can qualify for public health insurance and be secure in their legal status. In addition to this ground-breaking city investment I will describe the range of work taking

place to improve immigrant health access across the administration. The city's public health care system is the largest municipal health, health care system in the country. New York City Health and Hospitals serves over one million New Yorkers every year in more than 70 locations across the city and is by far the largest provider of care to the uninsured and underinsured in New York State. In fact, New York City Health and Hospitals serves a disproportionate share of uninsured and underinsured populations. The patients at New York City Health and Hospitals reflect the incredible diversity of our city. More than four in ten patients were born outside of the United States with the most common places of birth being the Dominican Republic, Mexico, and Jamaica. Nearly one in three patients is limited English proficient and requires language access assistance services, with the most commonly requested languages being Spanish, Bengali and Mandarin. In addition to our care delivery system through New York City Health and Hospitals facilities and DOHMH health centers, New York City is able to help many immigrants get health insurance. Thanks to hard won state laws and policies, Child Health Plus is available to all

children under 19 years of age regardless of immigration status and many immigrants with a variety of permanent and temporary statuses are eligible for the Essential Plan, Medicaid and assistance through the New York State of Health Marketplace. We estimate approximately 350,000 non-citizens in New York City remain uninsured, many in immigrant neighborhoods like Sunset Park, Corona, Jackson Heights and parts of the Bronx. But the city has made significant, significant progress because of increased access to health insurance through the Affordable Care Act, state laws on the issue and increased efforts by the city to reach the uninsured populations. There has been a drop in the percentage of uninsured non-citizens. In 2013, approximately 35 percent of the non-citizens were uninsured, but in 2016 that percentage has dropped to about 25 percent. Linking immigrants to the health care system requires coordination by city agencies, community based organizations and others. For example, in 2014 and ’15 over, over 30 city agencies, community based organizations, health care providers and advocacy organizations participated in the Mayor’s Task Force on Immigrant Health Care Access to identify barriers

to access and develop recommendations. This administration has worked with our partners to implement the Task Force's recommendations and has gone beyond those recommendations to help immigrants access health care. MOIA recently partnered with the New York Legal Assistance Group, NYLAG and New York City Health and Hospitals as I mentioned to launch our ground-breaking ActionNYC in New York City Health and Hospitals program. This program is the largest ever municipal investment in the country in an immigrant focused medical, legal partnership with over 1.5 million baselined for Fiscal Year '18. ActionNYC brings free and safe immigration services to patients and community members which in turn can help these clients qualify for public health insurance. Earlier this year ActionNYC began serving patients and community members at Health and Hospitals Gouverneur, Elmhurst and Lincoln Hospitals. The expansion of these services into hospitals has proved effective. Clients who receive legal status can then access insurance options not previously available to them. To date, we have screened 613 patients and community members. In late 2016, ActionNYC's NYLAG mobile legal team began serving

uninsured patients in Health and Hospitals long term care and post-acute care settings. This part of the program has been a great success, screening 165 patients across seven facilities. The power of this program cannot be overstated. It simply has provided peace of mind to our clients, but also Health and Hospitals to receive insurance payments for their treatments. The city has baselined approximately 400,000 a year for this program. We estimate that the new insurance enrolls, enrollment that we have already achieved in such a short time will translate to approximately 2.1 million per year in newly generated Medicaid revenue for New York City Health and Hospitals. We expect this number to rise as the number of health insurance enrollments increases. ActionNYC and Health and Hospitals has already had a tangible effect on our client's lives. One client, who I will refer to as Mr. S, recently arrived from Venezuela and was directed to the program by a stranger on the street who had heard that immigration help was now available in the public hospitals. Mr. S is a politically active journalist who fled Venezuela after ongoing threats against him escalated. Homeless and emotional and in financial distress, Mr. S was

able to secure a bed and a shelter after receiving assistance from the program and NYLAG began an intake for a possible asylum claim. NYLAG connected him to a non-profit that assists persecuted journalists and to financial resources that enabled him to find permanent real housing and leave the shelter. The NYLAG team helped Mr. S become a hospital patient, where he is receiving medical and psychiatric care as he prepares for his asylum case. This is just one of the stories of the people who have been connected to health services as well as legal assistance through this program. The administration has also worked to make it easier for IDNYC cardholders to access and interact with the health care systems. The city's official prescription drug discount plan, Big Apple Rx is integrated into the IDNYC card to provide prescription drug discounts at more than 2,000 pharmacies citywide. As of September of 2017, IDNYC cardholders have used this benefit to save over 618,000 dollars on their prescriptions. IDNYC has also partnered with New York City Health and Hospitals to allow cardholders to link their cards to their records at most New York City hospital facilities speeding up registration processes and

appointment check ins. Cardholders may also use their IDNYC numbers online to access their own or their children's immunization records from Citywide Immunization Registry. IDNYC allows cardholders to choose to register as an organ donor as well. If the IDNYC cardholder consents, the city sends their name and identifying information to the New York State Department of Health. To date, over 150,000 cardholders have chosen to register to be an organ donor through New York City's IDNYC program. This administration continues to work it's many partners, including its sister agencies, community based organizations and others to implement task force recommendations. Immigrants in New York City have more health insurance options than immigrants in many other parts of this country due to inclusive state laws and policies. The administration has invested in a year-round multiagency campaign, GetCoveredNYC, to connect immigrants and others to the health insurance options available to them. MOIA has trained the 40 GetCoveredNYC specialists at our public engagement unit, PEU, who are multilingual and experienced in outreach to the diverse uninsured populations across the five boroughs on immigration status eligibility

questions. The task force additionally calls on the city to ensure the provision of culturally and linguistically competent health care and we continue to work on this issue alongside our partners at New York City Health and Hospitals and beyond. In response to the task force's call for a direct access program, the Administration launched a demonstration project in 2016 called ActionHealthNYC, which seeked to serve low income immigrants who were not eligible for health insurance through the New York State of Health Marketplace. ActionHealthNYC helped coordinate care for uninsured immigrants including primary and specialty care. This program was a privately funded partnership between MOIA, DOHMH, HRA, NYC Health and Hospitals and several federally qualified health centers and community based organizations. The program completed its one-year demonstration at… in June 2017 and the city is currently undergoing an evaluation process that it will… it will evaluate and use to increase and improve access to health care for uninsured immigrants. The Administration continues to improve access to health care services across the city. In 2015 New York City Health and Hospitals partnered with the NYC Economic Development

Corporation on the Caring Neighborhoods Initiative to expand primary care to underserved populations including immigrants. The Caring Neighborhoods, Neighborhoods Project will include seven facilities. Sixteen neighborhoods are now receiving expanded services at the five sites that are open. Patients at these sites are now able to access comprehensive primary care, as well as specialty care based on community needs, which includes behavioral health, cardiology, endocrinology, and after hours urgent care. We have recognized the need for additional mental health services for immigrant New Yorkers. The Trump Administration's xenophobic and toxic rhetoric and policies have directly affected many immigrant New Yorkers. Calls for increased immigration enforcement, hateful speech and instances of discrimination have created deep fear and anguish among immigrant communities. In response, MOIA, in order to connect immigrants in need to NYC Well, a cornerstone of the city's N… ThriveNYC plan has, has begun outreach to immigrant communities. NYC Well provides a suite of mental health services including crisis counseling, short term counseling, follow up services and referrals, 24 hours a day, seven days a

week, 365 days a year. Mental health professionals are available through NYC Well in more than 200 languages. All MOIA outreach staff have been trained on mental health services available through ThriveNYC and MOIA has cross-trained the ThriveNYC staff and providers on outreach to immigrant communities. MOIA recently worked with DOHMH to issue a letter to mental health providers citywide about challenges their DACA recipient patients may experience as a result of the stress caused by the Trump Administration's decision to terminate the DACA program. The Administration has reached out to immigrant students and families; early this year the New York City Department of Education sent students home with information about NYC Well and available health care resources in an effort to reach immigrant communities. We have also undertaken special insurance outreach efforts for specific populations in need, in particular children and young adults. As part of this… the response to the surge in unaccompanied minor's arrivals in 2014, DOHMH provided bilingual health insurance enrollment services at the federal immigration court to help inform and enroll unaccompanied minors and their

families in public health insurance. From September 2014 through August of 2017 DOHMH staff screened over 7,700 adults and children, nearly 35 percent of whom did not have health insurance. MOIA has worked to connect DACA recipients as well to public health insurance. In 2016, MOIA launched a 3,000-dollar campaign to encourage these… those eligible to apply for Deferred Action for Childhood Arrivals and to connect DACA recipients to Medicaid, funded by a grant from the New York State, State, State Health Foundation. As part of the campaign, around 30 navigators and attorneys and about 90 Certified Application Counselors and health advocates were trained on DACA applicants' and recipients' Medicaid eligibility. In the quarter before our campaign launched only about 750 initial DACA applications were filed in New York State and in the months directly following our campaign more than 3,400 immigrants filed initial applications for DACA, a 450 percent increase in applications statewide, the majority of which we believe were in New York City and may have been sparked by this campaign. Our campaign helped immigrants access DACA as well as health insurance. In response to reports of immigrant

residents' fears about public health care services lest they be targeted for immigration enforcement, the Administration has taken immediate steps to reassure immigrants that health care services are still available to them and can be safely accessed. MOIA and NYC Health and Hospitals issued an open letter to immigrant New Yorkers in December of 2016 in 14 languages, reiterating the right to get medical care in New York City regardless of immigration status or ability to, to pay. We worked with Health and Hospitals to post signs in welcome areas to say we care about your health not your immigration status, samples of which are here for you to see today. This is a message that has resonated in the immigrant community and has helped alleviate fear. DOHMH has placed similar signs in their health centers. MOIA and Health and Hospitals, the New York Immigration Coalition and NYLAG also held a series of forums at New York City Health and Hospital facilities to inform patients of their rights and to reiterate the hospital's commitment to protecting patient privacy and not inquiring about immigration status. We believe that our message has been heard by the community. While we remain deeply concerned about

the chilling effect of federal government's cruel and xenophobic immigration policies, our… the data that we've monitored today it does not show a measure, measurable overall chilling effect on uninsured patients utilization of services at Health and Hospital facilities. The end of DACA and the upcoming expiration of Temporary Protected Status or TPS for several countries threaten many immigrants with the loss of their state Medicaid coverage. The city is deeply concerned about the impact of ending policies that have helped so many New Yorkers and continues to advocate for solutions to protect DACA and TPS recipients. In addition, we are aware that the state government is considering public insurance options for former DACA and TPS recipients and we look forward to working with the state on this issue. The Trump Administration and Republicans in Congress have continued to attack the Affordable Care Act, which provides health insurance to millions of Americans, including many immigrant New Yorkers. For example, cuts to federal funding for outreach for the Affordable Care Act pose a serious barrier to enrollment. The Mayor has been a vocal advocate for the Affordable Care Act and will continue to fight

against efforts to repeal or undermine it. the city is continuing efforts to connect immigrants with health insurance coverage including through our GetCoveredNYC and HRA/OCHIA's, OCHIA's tailored services for immigrant populations. We thank the council, council for being a crucial partner in this work to increase immigrant access to health care. As you know the Access Health NYC Initiative and the Immigrant Health Initiative fund 33 community based organizations. These initiatives, which are focused on immigrants and other underserved populations are a powerful part of the city's work in this area. We have increased our outreach efforts, engaged in national advocacy and worked with our partners to address barriers to immigrant access to health care. We are dedicated to continuing to connect immigrants to health care that they need, and we look forward to working with the council and advocates and partners further on these issues. Thank you for follow… for allowing us to provide testimony for you here today on this important topic and we welcome your questions.

CHAIRPERSON JOHNSON: We're going to interrupt you for a moment, thank you for your

testimony and we're going to have a vote of the Committee on Proposed Introduction 973-B if the Committee Clerk could please call the roll.

COMMITTEE CLERK DISTEFANO: Committee Clerk Mathew DiStefano, Committee on Health roll call on Proposed Intro 973-B, Chair Johnson?

CHAIRPERSON JOHNSON: I vote aye.

COMMITTEE CLERK DISTEFANO: Eugene?

COUNCIL MEMBER EUGENE: [off-mic] I vote aye.

COMMITTEE CLERK DISTEFANO: Van Bramer?

COUNCIL MEMBER VAN BRAMER: Aye.

COMMITTEE CLERK DISTEFANO: Cornegy?

COUNCIL MEMBER CORNEGY: Did you say me?

COMMITTEE CLERK DISTEFANO: Yes.

COUNCIL MEMBER CORNEGY: Permission to explain my vote, no I'm just… [cross-talk]

CHAIRPERSON JOHNSON: Yes… [cross-talk]

COUNCIL MEMBER CORNEGY: …kid… I'm just kidding… [cross-talk]

CHAIRPERSON JOHNSON: Okay… [cross-talk]

COUNCIL MEMBER CORNEGY: …I vote aye.

CHAIRPERSON JOHNSON: Thank you sir.

COMMITTEE CLERK DISTEFANO: Espinal?

COUNCIL MEMBER ESPINAL: I vote aye.

COMMITTEE CLERK DISTEFANO: By a vote of five in the affirmative, zero in the negative and no abstentions the item has been adopted.

CHAIRPERSON JOHNSON: And let me just see this for a second… we're going to keep the vote open for 15 minutes if more people show up we will allow them to vote, we're going to get back to the hearing at hand and I'm going to turn it back over to Co… to Chair Menchaca.

COUNCIL MEMBER MENCHACA: Thank you Chair Johnson and I, I just want to say thank you for, for the pretty comprehensive work that, that is happening, and no doubt has this administration in the last four years in partnership with the council and the organizations and all the agencies there's no doubt that we have really changed the way that we are communicating to our immigrant populations but also creating synergies within our agencies. When we think about legal services, when we think about impacts that the federal government through DACA have given the opportunities that were there that were not there before and living in this great state that access to health care is only possible because of the laws that

we have. So, with all that I really want to get a better sense about, about the one thing that we did do that I understand happened through this pilot project and if you can talk to us a little bit about what the actual medical services… what, what medical services were offered if that could be described a little bit and, and when the pilot ended and really at the… at the… at the kind of larger level the folks that were impacted through this… the demographics of, of, of who, who were actually served, let's start there for the pilot? And if you could reintroduce yourself.

RISHI SOOD: Sure, Rishi Sood, Director of Policy and Immigrant Initiatives at DOHMH. So, thank you Chair Menchaca for that question, I'll speak a little bit about what Action Health was as a… as a demonstration project, what it entailed in terms of services to New Yorkers who were enrolled in the program as well as just very basic information about who, who we reached. So, the, the program was a… was a partnership as the Acting Commissioner said in her testimony between the Mayor's Office of Immigrant Affairs, Health and Hospitals, the Department of Health and Mental Hygiene, HRA, community based

organizations who did the outreach and recruitment and federally qualified health centers. And so, if somebody was enrolled in the program they picked a primary care home which was one of nine facilities that they had an option to choose from between Health and Hospitals facilities as well as federally qualified health centers, when they picked that primary care home they were seeking to get their primary care services at that site to the extent that specialty care services were, were also available at that site, they could also get specialty care there. If specialty care services were not available at that, that primary care home they were welcomed and encouraged to get specialty care services at any of the Health and Hospitals facilities thus making all of Health and Hospitals in network for the Action Health program. We reached people from all five boroughs of New York City who spoke 32 languages, they came from 77 countries from around the world and from 139 zip codes, we had people who were young adults all the way to the elderly in the program. When the program ended at the end of June, again the program was always meant to be a one-year demonstration with an ongoing evaluation, all

individuals were encouraged to continue getting care at the sites they were getting care at, we worked with our partners at Health and Hospitals and at… and at federally qualified health centers to make sure they had continued care.

COUNCIL MEMBER MENCHACA: And nothing prevents them from continuing to get that care as part of the demonstration project, is that right?

RISHI SOOD: That's exactly right.

COUNCIL MEMBER MENCHACA: And can you tell us a little bit about, about that, that, that moment of, of demonstration ending and whether or not people have, have continued to access health care? Has, has anyone dropped off of the program?

BITTA MOSTOFI: I can start and then I'll turn it to my colleagues. So, it was centrally important to us that there was continuity of care for folks who wanted it and that's always… it… in and of itself a challenge so we, we did outreach to every single individual that was a part of the project including for those who had more acute needs kind of increased hand holding if you will to ensure that they were kind of warmly and properly transferred to care and so there are some individuals that we can

speak to directly who kind of fall into that category that I'll let my colleagues at H and H speak to.

MATILDE ROMAN: So, there was a… this is Matilda… [cross-talk]

COUNCIL MEMBER MENCHACA: Oh can… [cross-talk]

MATILDE ROMAN: …Roman… [cross-talk]

COUNCIL MEMBER MENCHACA: Yeah, can you introduce yourself?

MATILDE ROMAN: Yes, Matilda Roman, Chief to Resident to inclusion office for New York City Health and Hospitals. So, we, we facilitated the transition of care to our… the participants within the demonstration pilot to ensure that as we always do with all of the individuals that we engage with that there is a continuation of care and there were a number of individuals that were at high risk and we as the Commissioner mentioned transitioned them and hand, hand held them through the process to ensure that they received care through health and home, the coordination care and management of that care and they… and from my understanding they continue to receive services in New City Health and Hospitals.

COUNCIL MEMBER MENCHACA: What is the larger… since the demonstration has ended what is the larger kind of next steps of the agency is take… agencies are taking to really ensure that a broad care coordination and care management program for uninsured and undocumented workers… what is… what is that plan?

BITTA MOSTOFI: Again I'll start briefly and turn to my colleagues who are kind of more boots on the ground in this world but really the goal here is for us to conduct the evaluation to see sort of what has worked, what hasn't to evaluate sort of where adoptions make sense, where we've been successful, where sort of the intention of connecting uninsured noncitizens to health, health care is working and has worked and what sort of learnings can be adapted so that's ongoing work that is kind of part in parcel of the demonstration project if you will and so that evaluation is forthcoming and we look forward to looking at it and understanding the learnings and how they should best be adapted to further the goal of ensuring that these individuals are connected to care but I'll turn it to colleagues

to speak to more kind of direct… additional initiatives that are happening on that front.

MATILDE ROMAN: And just to add this is part of a larger strategy for Health and Hospitals to ensure that we are engaging all New Yorkers including immigrant New Yorkers to, to access to primary and specialty care and so what we hope to learn is to get lessons learned from the demonstration pilot and to be able to explore opportunities to adopt some of those findings when the report comes out and so we look forward to seeing that and, and exploring opportunities to work and expand whatever we're doing now currently with respect to engaging all New Yorkers, ensuring engagement into primary and specialty care for… at Health and Hospitals.

COUNCIL MEMBER MENCHACA: When is that evaluation coming out?

RISHI SOOD: The report will be available from the evaluation vendor at the end of the year.

COUNCIL MEMBER MENCHACA: End of this calendar year?

RISHI SOOD: Correct.

COUNCIL MEMBER MENCHACA: So, in a month?

RISHI SOOD: Correct.

COUNCIL MEMBER MENCHACA: Okay. Is there anything you can share now that were findings or anecdotal, some, some kind of anticipated… something that will definitely show up in the evaluation, something that you can share with us about what was learned, any lessons that, that were kind of clear in the implementation and during the demonstration project?

BITTA MOSTOFI: I'll start sort of on the kind of engagement level which is that, you know one of the recommendations that came out of the task force was the need to ensure that we were connecting in, individuals with information and resources available to them in a… in a more direct and efficient way that is… was clearly a lesson learned. MOIA worked alongside community based organizations and others in looking at how we were outreaching to individuals for enrollment in the program, we made sort of adjustments along the way to make sure that we were appropriately engaging and working with the community based organizations who were a part of the program and doing the outreach and we're happy in the end with sort of an initial sort of lukewarm response and then an increase as we had sort of refined the

way we were doing the outreach in looking at communities and infusing it with our lessons learned through other programs, the demand for enrolling which was a huge part of the undertaking for the project was just making sure that we were effectively reaching the very population that we were seeking to who may otherwise as I indicated be afraid to access services. So, that was a huge learning and I think speaks to the additional efforts and initiatives that the administration has undertaken in community engagement on health and other issues for immigrant communities but something that we will certainly be taking and adapting.

COUNCIL MEMBER MENCHACA: Does anybody else want to offer…

RISHI SOOD: So, so I can add a little bit to that. In terms of the… certainly there were substantial community interest in the program which we learned from the, the early days of, of looking at… back at recruitment and again we learned how important it was to continue to partner with those community board based organizations who were… who were out there in the community doing… do… spreading the message and doing the recruitment for us. What I

just will quickly mention is that what we're… what, what we're looking to see in the evaluation is what was the health status of this population, what will… what was the utilization throughout the demonstration year and what were the health behaviors. So, while we don't have results that speak to those yet. We do know that the recruitment effort was successful and that we're, we're hoping to see a people's utilization and behavior patterns.

COUNCIL MEMBER MENCHACA: Okay, I'm going to pause my, my questions and hand it over to Chair Johnson.

CHAIRPERSON JOHNSON: Thank you Chair Menchaca. So, I want to ask a little bit more about the task force on immigrant health care access that you referenced in your testimony, in 2005 the task force immigrant health care access released the report as you mentioned improving immigrant health care… immigrant access to health care in New York City, the task force identified six major barriers to health care access for immigrants; one, the lack of affordable care; two, inadequate culturally linguistic competency among health care providers; three, limited service delivery and provider

capacity; four, lack of knowledge and understanding of care and coverage options available for immigrants; five, lack of access to high quality interpretation services; six, lack of knowledge and understanding of language and translation services available to immigrants and health care providers. Could you highlight some of the programs and initiatives that the Administration has invested in as part of that report in order to address the barriers that the task force identified and the health programs and initiatives specifically for the immigrant population and that applies to all three agencies; MOIA, DOHMH, and Health and Hospitals?

MATILDE ROMAN: So, New York City Health and Hospitals has expanded access to medical and behavioral care looking at it from expanding evening and weekend hours and after hours for urgent care, walk in services for unscheduled visits are available as well as same day appointments, having a 24-hour call center available with the capacity to communicate with individuals in over 200 languages and dialects and making public facing materials available in multiple language. The goal for us is to continue expanding access to care to ensure that all

New Yorkers including immigrant New Yorkers get full comprehensive, quality care in a culturally and linguistically responsive manner. With that being said the Caring Neighborhood Initiative that the Commissioner had mentioned also was intended to really expand services to underserved areas and we are pleased to announce that five locations are currently up and running and that we will have the remaining two locations for clinical services open by early 2018 and really based on, on that and as the Commissioner… in the Commissioner's testimony she attested to the fact that that these… within these five sites during the time that we've opened it we've actually reached out and connected with individuals living in 16 neighborhoods so that is an accomplishment that we are pleased to, to kind of show that we've expanded access to care and we're also doing the same with expanding insurance enrollment and really trying as much as possible to engage individuals who are uninsured and connect them with financial counselors and working with the city of New York, with the GetCovered program really to ensure that we are engaging, communicating with individuals, informing them about health care

coverage and connecting them with coverage at every point of contact whether it's in the hospital setting or whether it's out in the community.

CHAIRPERSON JOHNSON: Go ahead.

RISHI SOOD: Thanks. So, I want to thank you Chair Johnson and the… and the council for… as you had mentioned in your testimony the access health, NYC initiative and the immigrant health initiative both of which we think compliment what the administration is doing to, to help immigrants access health care and particularly to educate immigrants about what their options are for health insurance and health care access. The Administration as the Commissioner mentioned in her testimony is committed to making sure that all eligible New Yorkers including many foreign born New Yorkers know about their health insurance options which is be… which is what's behind the GetCoveredNYC initiative, which serves all New Yorkers but many, many foreign born people. So, that includes many in person enrollment assistors, a texting campaign where New Yorkers can text GetCovered or… I'm sorry, CoveredNYC or SeguroNYC to 877877 in Spanish or English and get help immediately in terms of finding out where it is

that they can get health insurance enrollment assistance.

CHAIRPERSON JOHNSON: So, that's great, that's helpful, go ahead.

BITTA MOSTOFI: Sorry, I'll just add a, a little bit more to that which… in terms of sort of cultural competency and linguistic competency or sort of overcoming some of the barriers. I think… my colleagues can speak in terms of numbers, in terms of how, how much sort of language assistance has been provided to patients and the city's kind of work to ensure that that is ongoing and kind of as robust as possible. Additionally, in terms of sort of the engagement and information in a cultural and linguistically competent way, MOIA helped develop a resource and referral guide that's available in 11 languages that speaks to kind of health care access. Additionally our partners at HRA, OCHIA Offices have developed a guide to accessing health care for immigrant New Yorkers that's also available in 11 languages and we've kind of partnered together to ensure that that information is available… publicly available and it… that, that community based organizations and others who are kind of affectively

reaching these populations have access to it and know how to have us come in and talk to individuals if that's what's needed or share the information in public forums etcetera.

CHAIRPERSON JOHNSON: That's helpful and thank you for, for broadening that information, you know when we talk about health care services it's always better if services are actually in the community that people are living in and connected to so that folks don't have to travel far distances to get culturally competent, linguistically competent health care. Can you talk about neighborhoods and I know you spoke of this in your testimony… [cross-talk]

BITTA MOSTOFI: Uh-huh… [cross-talk]

CHAIRPERSON JOHNSON: …that have sizable immigrant populations, I know Council Member Menchaca's district is a district that has a very high immigrant population in Sunset Park, can you talk about what work have we done in identifying neighborhoods that have high immigrant populations and ensuring that either contracted non-profit providers or other providers are providing that type of culturally competent health care in the community

so that people don't have to travel long distances to… think they have to go to a place that's going to be culturally sensitive to them… [cross-talk]

BITTA MOSTOFI: Yes… [cross-talk]

CHAIRPERSON JOHNSON: …but knowing that it's actually in their community?

BITTA MOSTOFI: Yeah, I'm going to actually defer to my colleagues in terms of the neighborhood specifically where the care is currently offered but what I will say is that we have worked with our partners, DOHMH and H and H to, to do that very sort of analysis, right, to, to, to look at sort of where these populations reside and how they access health care and where they're accessing health care to sort of think about how to most, most effectively deliver those services but I'll leave it to you guys to speak to what currently exists to answer your question.

MATILDE ROMAN: So, New York City Health and Hospitals has got some health centers that are SQHC's that… we have 70 plus community clinics situated across the city of New York really intended and… to serve, you know in neighborhoods that have high concentration of immigrant New Yorkers, there's

always opportunities for us to explore where the immigrant communities are migrating to within the city of New York and expand those services and I look forward to working with the city council, Health and Hospital… Health and Hospitals working with the city council to… and with the Mayor's Office of Immigrant Affairs to explore how we can better serve immigrant communities in underserved areas that you… we've encountered but I think it's an ongoing process as we know demographic shifts change from year to year and it's really important for us as a health system to be responsive to the needs of all New Yorkers including immigrant New Yorkers.

CHAIRPERSON JOHNSON: Councilman Menchaca do you have more questions, okay…

COUNCIL MEMBER MENCHACA: Well I want to hand it over to Council Member… [cross-talk]

CHAIRPERSON JOHNSON: Okay… [cross=talk]

COUNCIL MEMBER MENCHACA: Dromm… [cross-talk]

CHAIRPERSON JOHNSON: Sure… [cross-talk]

COUNCIL MEMBER MENCHACA: …for questions.

CHAIRPERSON JOHNSON: Sorry, I didn't see you Council Member Dromm… [cross-talk]

COUNCIL MEMBER DROMM: That's okay, thank you very much. I really just have a question, you know I think back in April or, so I went to a meeting at Elmhurst Hospital where they talked about the cuts to DSH funding and I think DSH funding was the funding that's used primarily for undocumented and uninsured folks or both groups of people and that seems to me that that would have a tremendous impact on immigrant health care, do we know where we stand in regard to DSH funding and what are we going to do moving forward?

MATILDE ROMAN: So, thank you Council Member for that question I would… I'm happy to say that today in Washington we have representatives from the Mayor's Office and New York City Health and Hospitals actually advocating for the delay of the cuts that transpired in October 1st, we're making great efforts and are cautiously optimistic that the, the DSH delays will be included in the end of year debt ceiling negotiations however if the DSH cuts are not eliminated or delayed we will work with the New York State legislators to figure out a methodology to better target DSH funds to safety net hospitals and that's the goal.

COUNCIL MEMBER DROMM: And what is that cut, how much does that cut look like, what is that… the number there?

MATILDE ROMAN: I don't have the numbers readily available at this moment.

[off-mic dialogue]

MATILDE ROMAN: So, it's approximately 300 million dollars at stake.

COUNCIL MEMBER DROMM: Is that systemwide or is that for any particular hospital?

MATILDE ROMAN: That is for Health and Hospitals, my… [cross-talk]

COUNCIL MEMBER DROMM: For the whole Health and Hospital situation?

MATILDE ROMAN: Correct.

COUNCIL MEMBER DROMM: Okay because… you know that's a real threat to health care especially at Elmhurst Hospital where we do have a very large number of immigrants who access that as their primary health care situation so, hopefully that will turn out okay today in Washington, thank you.

MATILDE ROMAN: Thank you.

COUNCIL MEMBER MENCHACA: Thank you Council Member Dromm and so… yeah, go ahead.

CHAIRPERSON JOHNSON: I just want to tell the Committee Clerk we're going to close the vote, I appreciate you waiting around, back to Council Member Menchaca.

COMMITTEE CLERK DISTEFANO: Final vote on proposed Intro 973-B; five in the affirmative, zero in the negative, and no abstentions, thank you.

COUNCIL MEMBER MENCHACA: Thank you and congratulations on the, the vote, we'll see it in the… on the stated floor very soon. I want to continue the conversation and really kind of get back to the, the planning that, that we'd like to hear from, from the Administration about what we're going to be doing in general with all the outreach that we're doing right in bringing people out of the shadows, connecting them to legal services, talking to them about their possible connection to health care, many of them will have opportunities and a lot of them will not have opportunities, what are we going to be doing with all of them that have connected to us that we know about that have no health insurance or ability to have any kind of health insurance right now, what, what is the plan for, for everyone that we're going to be screening

through our processes and we have many initiatives that out there doing that work, what's the plan?

BITTA MOSTOFI: Yeah, I mean I'm, I'm happy to sort of say that as a part of a larger kind of Administration both initiative and intention, you know Health and Hospitals as I said in, in my testimony remains available to all New Yorkers regardless of immigration status or ability of pay and so it's acutely at this moment in time important to ensure that New Yorkers know that kind of regardless of where they stand at the moment with insurance available to them or not that they have this option available to them and that's a key intention behind what we are doing on our outreach initiatives and in partnership with H and H that's why programs like ActionNYC directly in the hospitals is important, that's why the linkage between IDNYC and Health and Hospitals is important, it's kind of furthering the intention of ensuring that immigrant New Yorkers know that regardless of their status, regardless of their ability to pay there are options available to them through Health and Hospitals and we continue to look forward to doing that work with our partners.

MATILDE ROMAN: New York City Health and Hospital's core mission is to provide quality comprehensive care to all respective of their ability to pay, we are doing that today, we intend to do that tomorrow and we see ourselves doing that very mission 20 years from now. So, we are unrelenting in our commitment to ensure that all New Yorkers including immigrants, uninsured, undocumented New Yorkers get the quality care that they deserve and so, you know what's happening with the cuts we're going to find innovative solutions and strategies to help shore up whatever operating costs are… or budgetary deficits that we may have but you know and the hope is… and thank, thanking city council and the city of New York for the critical funding that has been allotted but for us, our services and our mission is very clear and we will continue to provide these services.

COUNCIL MEMBER MENCHACA: And, and, and again I, I really appreciate that and I think that's, that's unfortunately a, a unique situation for a city to do, not every city does this and so there's, there's a lot to be applauded in, in, in this work, in this effort, in this mission and the core mission for Health and Hospitals and the city itself but I

guess I'm, I'm, I'm trying to understand beyond the fact that we are open, our hospitals are open for everybody and that whether or not you can pay we need you to come to, to the hospitals still becomes… we fall short with the opportunities, opportunities to move out of emergency care, acute services to a primary care, preventative care, long term health care, the, the stuff that the pilot is, is, is… was focused on or the demonstration project and so I, I, I'm hoping to hear today while we're waiting for the evaluation that'll come soon that there's a real commitment that we start… we start really focusing on, on a messaging that is… that is more, more refined and can start moving people into health care plans in their neighborhoods and so I, I, I'm not the health care professional, I'm just trying to understand what, what the plan is for everyone that we're screening, we're asking people to come out of the shadows, more and more people will become… will have the courage to come out and say I need… we need health care and, and, and so right now what, what I'm hearing is send them to the emergency room, send, send, send them… send them out we'll, we'll take care of them, that is our mission, thank you very much and

I want, I want to hear if it… there's something that's more refined than that?

MATILDE ROMAN: Yeah. I think we're making strides to really move people away from having the emergency department be the primary source of contact with health services.

COUNCIL MEMBER MENCHACA: How are… how are we doing that with the immigrant communities, the immigrant… [cross-talk]

MATILDE ROMAN: The immigrant communities… [cross-talk]

COUNCIL MEMBER MENCHACA: …communities that will not… that are not insured, that's, that's what I want to hear?

MATILDE ROMAN: Yes and I think that a lot of it is attributed to a lot of the work that's happening with the Mayor's Office of Immigrant Affairs, New York City Health and Hospitals, many of our community based organizations to really do extensive outreach and community engagement so that people know the options that they have available. We don't want people to come to the emergency department although we know that in an emergency they will come if they're sick but the primary goal for us is to

make sure that people are engaged, people know that we are a safe place and that we have an array of primary and specialty care services available to them in respective of their ability to pay and that is the, the messaging points that we've been resonating across the city of New York and we've been successful and we will continue to do so but I think that to suggest that we are only providing services in the emergency department is, is, is not true given the fact that we actually making strides to really engage individuals and, and gear them to primary care services and specialty care.

COUNCIL MEMBER MENCHACA: So, if someone… and just help me clarify the, the… a question on your… I had on the testimony with the ActionNYC and health… NYC Health and Hospitals program with NYLAG, is this just a, a legal screening within the hospital, so there's no medical coverage or medical services connected to ActionNYC and NYC Health and Hospitals, that's just legal, correct?

BITTA MOSTOFI: So, I'm happy to sort of expand on it and I, I believe our colleagues at NYLAG are here to provide testimony today as well but the idea as I… as I gave by example for the individual

that came onto the site is the ability for the… for them to get sort of a comprehensive screening so… [cross-talk]

COUNCIL MEMBER MENCHACA: Legal screening?

BITTA MOSTOFI: Yes, but they also screen for the health care needs so that individual that case example, right, was clearly somebody that had suffered trauma, was seeking asylum and needed kind of intensive psychiatric care, they were connected to that through the screening that they received by the, the NYLAG representative. Similarly, across our ActionNYC site folks are screened for kind of Medicaid eligibility and are able to do referral so even beyond at the hospitals but the idea is kind of a, a comprehensive screening that is happening in the sites as well as kind of through the long term care that's where they're already receiving the health care, right, they have not received the legal services so that's what they're getting through that part of the program.

COUNCIL MEMBER MENCHACA: But it's all referrals at the end of the day of… is… if I understand that correctly, in that screening process

both for legal and health care that's a referral process or that's, that's… [cross-talk]

BITTA MOSTOFI: They can receive the immigration legal services through the provider that's there so it's not a referral, it's through NYLAG which is the team that's on site… [cross-talk]

COUNCIL MEMBER MENCHACA: On the legal side?

BITTA MOSTOFI: Yes… [cross-talk]

COUNCIL MEMBER MENCHACA: So, NYLAG will take the case there?

BITTA MOSTOFI: Yep.

COUNCIL MEMBER MENCHACA: Okay… [cross-talk]

BITTA MOSTOFI: And then the medical needs can also be met through the hospital that they've come to if that's the best setting for care for them, yes.

MATILDE ROMAN: And generally the way the referrals work is that the patient is engaged with either the social worker or the direct care provider and then a need is identified for legal services and that referrals made to NYLAG and then they provide legal services on a range of topics not only

immigration but housing, employment anything that may have a… an adverse health outcome for that individual is addressed through the legal representative, with the goal is to create a holistic approach to that individual.

COUNCIL MEMBER MENCHACA: Thank you that's help… that's, that's super helpful and so again I'm, I'm thankful that I, I now really understand the, the larger kind of interaction that's happening on, on that… on that front. There, there was a… I have a question on… about, about ICE policies at H and H and if you can, can just kind of remind us what the policies are today?

MATILDE ROMAN: So, at Health and Hospitals are leadership team knows about the, the sensitive location memos that have been long standing memos by the federal government with respect to avoiding sensitive locations including hospitals and health care settings. Our leadership is aware of it, we have protocol in place as many of our city agencies do to ensure that we're protecting our immigrant communities and that information has been deiminated to all staff and so we're clear about engagement with, with law enforcement officials and

law enforcement activities within our system and our goal as always is to ensure that we protect not only individual information, their health information but also the individual, protect them for confidential information that they may, may be disclosed during their encounter, that's, that's our mission and that's our goal because Health and Hospitals is a place where we provide safe, quality care.

BITTA MOSTOFI: I'll just add… I'd just like to add to that which is that sort of across the administration, our agencies and as… and Health and Hospitals agencies have proactively developed protocols and worked to train staff sort on what to do in the event of non-local law enforcement coming on site, H and H has done so and have trained staff to call their legal team who are available 24/7 who can examine kind of documentations and warrants, etcetera to assess the, the… whether or not access should or should not be granted legally. So, that is true across the board, it is something that we're firmly committed to ensuring is the policy that's implemented and upheld, it's worth note and mention that there are no reports that have been kind of verified of any ICE activity at Health and Hospitals

and so we want to make note to ensure that people know that, we've worked closely with our colleagues, if we've heard rumors or other things to sort of track down the source of them and can confidently say that there are no verified reports of ICE activity or enforcement at hospitals and that protocols are in place to appropriately address any attempt for enforcement to, to occur at the public hospital locations.

COUNCIL MEMBER MENCHACA: And, and I just want to be completely clear and ask… confirm that, that these protocols that are kind of citywide protocols we've described are at H and H and, and are being followed and the training is happening and if you can give us a sense about, about what, what that… the kind of roll out of the protocols at H and H, how they've been, has everyone been, been trained, are you in ramp up training right now, give us a sense about, about where, where we are in, in Health and Hospitals?

MATILDE ROMAN: So, information and training is ongoing, are goal is to ensure that individuals know the parameters in which law enforcement officers can engage with a person or

individual that may be under the radar for either immigration, customs, or enforcement, our goal is to ensure that people know that without a judicial warrant or a court order that signed by a judge we do not give consent to access and engage with an individual that may be… may be… have been identified and we can refuse consent on warrant and searches of private areas of our facilities and so the goal for us is that… and back to reiterating the… what the Commissioner has stated earlier is that we have had rumors of ICE in our locations, they've been unfounded, we also can say that there have been some concerns anecdotally about people not coming to seek services at Health and Hospitals but based on our data that we've collected we have found no significant chilling effect to our uninsured population so we're happy to report that this… that despite what has happened earlier this year we still see the same levels of patients coming to seek services and I think a lot of that is attributed to the ongoing outreach, intensive outreach that we did with the immigrant health right forums.

COUNCIL MEMBER MENCHACA: I… again I just want to say thank you for that work, I think the

council is really proud of, of that incredible and quick response in not only drafting the protocols but being able to communicate that to people is going to be really important so again thank you. We're really looking forward to working with you all, the task force comes into… to law… or takes effect next month in December and so we're really looking forward to that task force work. I, I do have one question about GetCoveredNYC and whether or not you used any ethnic media as part of that, that work and tell us a little bit about how, how you're working with ethnic media to get the word out, I'm looking specifically for GetCoveredNYC, something that, that I think has, has been incredibly effective for all of you in figuring out where ethnic media fits in, in your broader plans?

RISHI SOOD: So, thank you for that question about GetCovered so this is a, a campaign that has existed and has gone through multiple iterations. In 2016 the Administration has amplified efforts with increased citywide advertising and a new coordinated community outreach effort including the public engagement units that the Acting Commissioner spoke about in her testimony. So, the effort has a

focus on… specifically on, on low income, on uninsured and on immigrant New Yorkers, we use media ads in a variety of places including on the subway, on television, in buses and bus shelters, on the radio, on… and social media and as I mentioned before New Yorkers can always text in English or Spanish, 877877 CoveredNYC or SeguroNYC so we use a range of ways to get the information out about GetCovered which as you know under this federal Administration has become more important because there's a lot of eligible foreign born New Yorkers.

BRITTA: I'll just add that many of the ads are multilingual or in different languages and that we have, have sort of worked with the GetCovered team in thinking through as I said sort of outreach and engagement to communities and that includes community and ethnic media.

COUNCIL MEMBER MENCHACA: Do, do you have a breakdown that we can get later about, about where, where everything is going, this is just an important thing to talk about in… for so many different reasons about how we're cutting up our, our advertising funds and, and we're, we're… how much we're dedicating and getting a sense from, from the ethnic media papers

that are not always… they're not always at, at the top of the list of where we… where, where we invest but we know that we're getting a lot of requests from those papers that are… that are connecting to people who will never have interactions with the New York Times or El Diario even and so these, these are very particular populations that get their news from their trusted newspaper in their language, from their… from their community so it'd be great if we can get a, a breakdown…

RISHI SOOD: We'd be happy to follow up.

COUNCIL MEMBER MENCHACA: Wonderful, wonderful. And so I think… the, the only thing that, that I, I kind of want to follow up on if, if these are the last questions are I'm thinking about all the, the DACA recipiants in the city of New York that will potentially be losing if we can't figure out a way and a path on the federal level and, and you mentioned earlier that, that you have every dedicated… you're, you're dedicating resources to really bringing people and, and bringing them not to… just to an emergency room experience but a primary care path, what are we going to be doing for, for the DACA recipients, one and then two can we safely say

that if we… if, if we do have the resources, it sounds like we have the resources are there any unmet needs in anticipation of what… a population that we already know about, that are already connected that, that we can start forming a plan to make sure that everyone that comes to our, our screening processes comes gets connected to a primary care plan, planning process with all of you and that, that we have a, a program, that we have an initiative that I think we're all still kind of waiting for… [cross-talk]

BITTA MOSTOFI: Uh-huh… [cross-talk]

COUNCIL MEMBER MENCHACA: …in some ways that makes it very clear to everyone that is not insured, that falls into that category of people that will never get insured anyway right now because they're undocumented, that there is a way to do that and, and so the DACA… the DACA recipients become a, a, a timeline, a bookmark right now for where we are now and where in March we will find many of them without, without status?

BITTA MOSTOFI: I will simply start by saying that we are first and foremost committed to fighting for our Dream Act at the federal level, that is at this moment where are energies are vested in,

hopefully not being in a position in March where that reality would be realized for the 30,000 DACA recipients who are in New York City. So, that's primary for us and where we're currently driven. In… on parallel tracks we've undertaken through providers that we work with who do Know Your Rights forums as well as through our own kind of outreach teams and initiatives to do kind of a more intensive engagement on city resources including health resources through those forums we focus primarily on conducting those forums in schools and have partnered with CUNY as well on these initiatives to ensure that we're reaching this population in a significant and targeted way but yes, there is more work to be done, we are certainly open and interested in working with the council on how to be effective in the what we hope is not an eventuality in March where we… where we see many individuals who might be deeply effected. As I said in my testimony a part of that work includes work with the… with our state colleagues where we're hopeful that there can be some solutions here beyond health but also other avenues including the state Dream Act and others that the Administration has long supported so, with… on those

fronts and others we look forward to working with you.

COUNCIL MEMBER MENCHACA: Thank you and, and just to highlight the, the, the kind of health care world and the kind of constituent based needs that we're getting in our district offices also include the prenatal… the very, very important prenatal work where we're seeing already drop-offs with, with mother's that are not coming to programs anymore or mental health services that we're seeing high need for right now as well. So, so the health care needs are, are kind of a massive expansive of need but our, our time right now is, is, is coming short for some populations that are becoming more vulnerable and are, are going to need some access and, and pathways to, to a health care plan. And so I'm looking forward to the recommendations, I think we're going to… we're going to really want to sit down with you together and, and look at that and figure out how we… how we implement that, the, the, the final kind of evaluation from the demonstration project but also how we can start sending some very clear messages to all our immigrant communities that

they, they are… they will have service because of our core mission at Health and Hospitals.

CHAIRPERSON JOHNSON: Yeah, I want to thank you for your testimony, you know it's a, a scary, uncertain, perilous time in many respects especially when it comes to the intersection of health care and immigrants in this country and New York City has the highest undocumented population in the United States of America and we're not even here just talking about undocumented folks, we're talking about all immigrants, I believe the number is what, almost 40 percent of New Yorkers who are foreign born, not born in the United States of American and so with dismantling health care protections from Washington with a tax reform proposal that's before the Senate right now that talks about gutting Medicaid which would effect these communities with DACA being reversed and a continued assault on immigrants across the country for us to step up as a city and have joint collaboration between Health and Hospitals, MOIA, DOHMH, the Mayor's Office, the City Council and all of us to speak in… to speak in unison on the importance of even in the wake of all of that or even in the face of all of that us doing as best

as we can with the limitations that are on us to continue to provide the resources, think in a creative, progressive, forward thinking way to try to come up with solutions even with bad policy decisions being made at the federal level and not as much action as we would like at the state level, we need a state Dream Act for us to continue to do our best here in New York City and my hope is that we can be a model, the council and the Mayor's Office for good government and good governance as it relates to these issues. So, I want to thank you for your testimony, I look forward to working with Chair Menchaca and you all to continue to see these proposals be implemented and to ensure that we're providing health care access to immigrants in New York City. So, thank you very much.

BITTA MOSTOFI: Thank you.

COUNCIL MEMBER MENCHACA: Thank you Chair Johnson and thank you to the Administration and we look forward to, to working with you on follow ups. Our next panel, thank you for, for your patience. We're going to invite up New York Immigration Coalition, Claudia Calhoon and NYLAG Norma Tinubu; the Legal Aid Society, Susan Welber and the New York…

New York Lawyers for Public Interest, Laura Redman and Miranda Van Dalen. If you can come up to the desk, this is our only panel, if there's anyone else that, that has not yet filled out a witness slip please see the Sergeant of Arms. Water please, thank you.

CLAUDIA CALHOON: Good afternoon. My name is Claudia Calhoon… or… it's still morning, this went a lot faster than I expected. I'm the Health Policy Director at the New York Immigration Coalition, we're an advocacy and policy umbrella organization for more than 200 multi-racial, multi, multi-ethnic and multi-sector groups that are working across the state with immigrants and refugees. We are extremely grateful to Council Member Menchaca and that Council Member Johnson for convening this important hearing and the opportunity to talk about several important health aspects… access in coverage issues relevant to the council. I'm also very grateful to the previous panel which was really comprehensive and very helpful and to that point much of what's been done in New York City to support immigrant communities during this time of rapid and alarming change but there are… as, as many people have already pointed out there are

critical, critical gaps that require additional actions and leadership from the council. So, I'm going to touch on several areas of prominent concern but they're… briefly but they're discussed more fully in my written testimony. Periodic reports of drastic drops in health care utilization from NYC members and partners, we've heard of resistance to signing up for public benefits and, and we've heard some reports of inappropriate scrutiny of patient background and status by frontline service providers all of these raise questions about what the long-term population to health impacts of the current political environment may be. Several of our members and partners who, who provide prenatal care particularly have noted that stories of undocumented women who are refraining from enrolling in Medicaid for which they're eligible and also it… refraining from accessing services or, or not even wanting to leave their home and I think… I take… I was heartened to hear about the reports in terms of overall data from H and H, but I think that taking a look at that population specifically would be something that would be really important. So, all the work… all the great work that's been done is just… it'll be important to

continue to make sure that the information is reaching… about the safety of using health services reaches the populations that it hasn't yet gotten to. We didn't get a chance… we didn't hear that much about the restructuring of H and H in the wake of it's deficit but it… everyone agrees that in… both insured and uninsured immigrants depend on H and H for services and there's been a lot of discussion about what happens if DSH funding does, doesn't come through even if it does we believe that H and H's fiscal challenges are not just related to inappropriate… or they're not related to inappropriate services or, or waste they're really related to insufficient revenue, they don't have the resources they need to, to take on the, the, the burden of care that they provide for the city. H and H… you know and we agree there's a really great report from the nurse… New York State Nurses Union that talks about the fact that… how this works and sort of the fact that H and H provides a lot of trauma care, a lot of substance abuse, a lot of mental health and behavioral health services that other, other systems within New York City that are part of the broader New York City system don't

provide and so H and H assumptions of those functions allows other hospital systems in New York City to operate profitably while H and H is operating at a structural deficit. And so, I commend sort of everyone to look at NYCNA's report because I think it is really, really helpful in terms of… in terms of making recommendations and, and I want to highlight that in any plan for, for restructuring H and H's services it would be really devastating for immigrant communities if changes to H and H were only undertaken through contractions of services without efforts to address the broader financing and equities that, that are created in the current situation. There was a really… and there's… sorry and the last thing I'll say about that is I think there's a real role for the council in, in, in keeping an eye on what's happening. Well there was lots of talk of ActionHealth, I was very heartened to hear about the plans for, for releasing the report and looking at the evaluation data. I… we are very happy about the work that Action, ActionHealth NYC did, it tested important innovations in improving access to primary care and continuity for immigrants that are excluded from federal insurance and we also really liked and

valued the work that was done to link services from H and H to federally qualified health centers, we believe that more of that work across systems and institutions is really critical and of course the care coordination component that kept patients from falling through the cracks was… is, is very important and with the, the capacity challenges that H and H faces and the context of its, it's deficit that, that becomes extremely important in terms of making sure that people don't get frustrated and just stop coming back because it's a hard system to navigate. So, we look forward to hearing… we were very disappointed that the, the pilot ended up only operating for a year, we do… we have… we, we have communicated with, with all the agencies who were involved and all the good work and we look forward to hearing what the plans are to sort of make it concrete and I think, you know the H and H options program which provides fee scaled services to people who are uninsured looking at how that system can… how that program which is really just focused on sort of discounted care can incorporate some of the action health lessons is certainly something we're interested in hearing about whether people are thinking about. Lots

was said about mental health and, and, and we agree but will, will say that as the… near… when the September 5th deadline for the DACA announcement was approaching we were really pleased with Thrive NYC's preparation in terms of utilizing that resource and NYC Well as a… as a starting point for people that needed assistance in mental health services sort of in the wake of everything going on. I don't know how much actually is getting utilized by immigrant communities and so that's something we're interested in helping with and, and being part of and, and seeing, seeing better coordination sort of between Thrive NYC and NYC Well and some of the service providers that can really link people to it. Language access, we know we did… we were part of a series of focus groups and listening sessions both community forums that H and H did and then also some smaller forums that we did with our members and language access in health care settings continues to be a huge challenge, it is tough because we have great city laws, we have great state laws, there are… we have federal law and really it is a question of resources for the health care providers and also making sure that health care providers know that they… there are…

there are consequences when they're not able to ensure language access, you know I think that… I think… and the challenge also is that H and H probably does… has one set of challenges and then we know there's language access challenges in other voluntary hospitals that affect immigrants and so really, I think what's needed is some sort of citywide monitoring mechanism that can really give a… sort of create a single point of contact for what… where people can report challenges. So, that's all I'll say about that. The… I just want to say one thing quickly about public charge concerns with… sort of in the context of nothing has changed, we do know that the federal government is interested in, in changing the USCIS guidance that, that could penalize people who are eligible for certain benefit programs like Medicaid, like SNAP in terms of their, their ability to get a green care subsequently after use, using means tested benefits, there was a draft leaked executive order that came out sort of shortly after the election, nothing has changed yet but we want to highlight the fact that if something were to happen, if some sort of regulation or policy or executive order were, were to be announced the city… I think

there would be a real role for the council in terms of making sure that the city is responding both to… in terms of needs of explaining to people what, whatever it is that comes out might mean but also in terms of addressing… coming up with solutions to address food, heat, housing security because it, it won't just be a question of getting information out for people, there will be also a, a practical need in terms of making sure that people are not affected by the loss of benefits. And then I'll close by just thanking the… Council Member Johnson and Council Member Menchaca for the excellent work that's been done through the council initiative… Access Health NYC which of course is very close to our hearts at the NYC and, and the Immigrant Health Initiative. The… these, these two initiatives are the frontline in terms of addressing all the other stuff I've been talking about today and we hope that they can both be expanded, particularly with Access Health NYC, we would just really like to see more council districts, districts receive funding and with the Immigrant Health Initiative certainly expansion would be good but I think also some sort of coordination mechanism that brings the organizations together now that

they've been doing this work for a couple of years. To our knowledge there hasn't really been any sort of… anything that allows that initiative to be sort of more than the sum of its parts and I think there's probably a lot of best practices and, and strategies and, and institutional knowledge, programmatic knowledge that has been developed that it would be useful to leverage among those awardees. So, thank you very much and I'll stop with that.

COUNCIL MEMBER MENCHACA: Thank you, thank you so much Claudia.

NORMA TINUBU: Thank you… [cross-talk]

COUNCIL MEMBER MENCHACA: Oh can you make sure that your mic is on please, a red light should…

NORMA TINUBU: Thank you…

COUNCIL MEMBER MENCHACA: Thank you.

NORMA TINUBU: Thank you and good morning. I'm a Staff… I'm sorry, I'm an attorney with the New York Legal Assistance Project… Group and I work with the New York Legal… I work with Legal Health and we're in the nation… the nation's largest medical legal partnership providing a variety of legal services in the health care setting including to immigrants who need health insurance for life

saving treatment and care but are ineligible due to their immigration status. We are proud and grateful for our collaboration with government partners who've embraced our model through the city council's Immigrant Health Initiative and MOIA's ActionNYC. Through these programs we've reached 346 patients of H and H's public hospital systems and about 168 patients of long term care facilities helping them access care that prevents them from using the emergency room for primary care, care services and also helping them to be discharged through appropriate health facilities and nursing homes for rehab as well as to home in some cases. Through these programs we provided a wide range of legal services including lawful permanent resident status, use and T visas for victims of crime and trafficking and status for victims of domestic violence. Your funding success under this program includes assistance we provided to an immigrant from China with a deportation, deportation order since 1992, we were able to reopen her case and provide her with… help her access lawful permanent resident status as well as Medicaid for the treatment of a chronic mental health condition she was originally referred by her

psychiatrist and social worker at Elmhurst Hospital. Through this program she is now a working and stable tax paying community member, and these are your funding dollars at work to legal services not only to NYLAG but to all the other providers who are represented here today. We need your continued funding and commitment for these critical legal services models as the federal government ramps up activity against immigrants and we… and they… and, and we need to likewise ramp our services for immigrants who are fearful of accessing all sorts of critical services throughout the city medical and legal services because they are fearful of deportation and the general animist toward immigrants in the city. A Bellevue patient and client has steadfastly refused legal services that would lead to lawful permanent resident status to her and other members of her family as well as give her access to Medicaid for a life saving stem cell transplant because she's suffering with a chronic… an, an aggressive form of leukemia. This patient is so fearful and is refusing services but we're still trying to work with her and… but the longer she delays the more her health deteriorates. This is why

legal services is so important and why we continue to need your funding and commitment to these important services and agendas that legal services are working toward. I want to thank you for your time and I'm available to answer any questions about the legal service models.

SUSAN WELBER: I think it's almost afternoon, good afternoon. My name is Susan Welber, I'm a Staff Attorney at the Legal Aid Society in the Civil Practice Law Reform Unit and I want to thank Chairperson's Menchaca and Johnson for holding this hearing and for allowing us to have an audience with you as well as your staff and the other Council Members who are showing leadership role on these issues from your committees and elsewhere. The Legal Aid Society has, has played a leadership role in maintaining and expanding access to health care and other government benefits for immigrants for a really long time. It started when we were involved in the Grinker litigation in the 1980's that ultimately resulted in health care coverage for undocumented women who were pregnant, we were the lead counsel on the Aliessa case that led to a recognition in the wake of welfare reform that, that immigrants are

eligible for stated funded Medicaid. We also have a lot of experience dealing with HRA and the state and through the MKB litigation which was initiated in 2005 or 2006 which was brought to address the, the denial, the erroneous denial of many immigrant's access to benefits that they were eligible for and so we developed quite a bit of expertise in this area and we continue to stand ready both through our large immigration law practice, our health law unit and our affirmative litigation and the law reform unit to address any attempts to limit immigrant access to government benefits including health care. We, we submitted testimony, I'm going to just highlight the main action items that we thought the city council should keep an eye on in this very critical time where we, we heard a lot about DACA recipients losing their status but there's also a huge number of people with TPS status who are going to be losing their status. We also have people who are eligible who are fearful because of the public charge issue which is not an issue yet but could be at any point as well as of course the huge number of undocumented folks who don't have access to health care, so we see this as a critical juncture and we're really happy that you're

holding this hearing right now. Just, just a general comment before I get into our recommendations, we see this as also a time where H and H is, is considering restructuring and that… see that as an opportunity for your ideas to get implemented through that process and for all of us to push for the lessons learned through the various programs that are out there right now, make sure they get incorporated into the restructuring. So, the four… the four action items we had for the, the city council was one, to use your oversight role to make sure that the Health and Hospital's restructuring either maintains H and H options which is the siting scale service that's available to folks who are uninsured including undocumented folks whether in that form or some other form, it doesn't have to be H and H options but to make sure that that is maintained and not just maintained but strengthened. We certainly have seen clients through our health law practice who are getting primary care services despite the fact that they're uninsured through H and H options but we also see plenty of clients who's connection to H and H ends in the emergency room and I think Council Member Menchaca you were pushing the agency to be more

specific as to like how they're going to get those people from the emergency room into the primary care and I don't know that you really got a full answer on that, you know we'd be happy to offer you some observations we've had from dealing with HRA extensively on how the front door affects access to services, the interactions at the front door although that's not what I was prepared to testify about today. We also endure some of the recommendations from the New York State Nurses Association which is an excellent report that just came out in October, it was very timely. The two recommendations that we though that you should focus on were the, the specific recommendations to examine funding and how these formulas that are pretty technical and complicated impact how much money H and H has and to reexamine them so that they can be more equitable and recognize the outsides role that H and H plays among all the hospitals in New York City in serving uninsured people. The other Nurses Association recommendation that we wanted you to focus on is we don't want anyone to lose sight of how important the quality of care is and as, as you know budgetary concerns are taken into account, we don't want to see

the quality… very high quality of care suffer in any way. The second point that we wanted to emphasize, and I think that the last panel addressed some of this is that to be sure that the council obtains and integrates the findings of this pilot Action Health NYC program into what your ultimate strategy is in terms of strengthening H and H. We heard a little bit about what some of the preliminary findings are but… and I'm glad that we only have to wait a month to get the final findings, but we see that as, as a very important opportunity to improve the services that H and H has whatever might happen with the pilot. Third, we wanted to encourage you to introduce a reporting bill that would require documentation of the demographics in particular, the immigration demographics of health care access in New York City so that you both have a benchmark so that you can measure improvement of what we hope will be improvement and also keep an eye on any declines in access that could result from fear and other, you know policies that are coming outside of New York City that are affecting New Yorkers. And finally, we… you know we understand that you have the, the start of this immigration task force which is a great idea

and to be led by MOIA, we wanted to encourage you even more specifically to under MOIA's leadership develop a rapid response team because as… you know it, if feels at least to us like everyday there's a new bad policy coming from the Trump Administration or from the Congress and some of them may have a very immediate impact on immigrant New Yorkers in particular and the city's ability to nimbly respond to these types of emergencies just like it nimbly responds to disasters, natural disasters is critically important and so I don't know to what extent the task force is designed to, to deal with that type of issue but we think that's really important and if… it requires the different task force, a rapid response task force or just an amplification of what you're doing with the existing task force, we think that's really important. So, thank you so much for hearing our ideas and happy to answer any questions when you're ready.

LAURA REDMAN: Good afternoon. My name is Laura Redman and I ma the Director of the Health Justice Program at the New York Lawyers for the Public Interest and I echo the thanks for holding this hearing and, and recognizing the important

intersection of immigration and health. I want to speak today actually again very much supporting the colleagues big picture issues, I wanted to actually narrow in on a few specific issues that we've seen and then I'll defer to my colleague to speak more about a particular population, immigrants who are in detention. First though I would like to say that MYLPI is very much honored to be a part of the city council's immigrant health initiative and we continue to thank you for that support. Through this funding we've been able to train and give informative presentations on immigrant access to health care to hundreds and hundreds of individuals, community based organizations, health care providers and legal services providers. We're also able to provide comprehensive immigration and health screenings, representation to individuals particularly those in health emergencies and we've had the flexibility to really adjust our program in these changing times which seems to happen every day, you know the real-life impact has meant several kidney transplants, more people on the transplant list as well as people getting other life saving treatment. And additionally, through the initiative we've been able

to expand our roll helping people who are in immigration detention facilities and have developed a network of medical professionals available to provide reviews and support but what I really wanted to focus in on today is again as I said are some kind of quite particular things that we've seen through our outreach and individual representation, kind of some specific but yet still sematic barriers. The first thing I wanted to talk about was a particular incident that we now see as more broad about hospitals taking very risky actions on behalf of patients who are undocumented. In late 2016 our 23-year-old undocumented client was hit by a car and ended up in a coma in Richmond University Medical Hospital. Shortly thereafter the hospital, hospital contacted his parents in Guatemala and sought permission to call ICE to alert him about our client's presence. The hospital claimed this was… would make our client eligible for Medicaid and then be able to be released from the hospital into different care. As you know, people are eligible for State-funded Medicaid when they become PRUCOL meaning they've had their… they made their presence known to the federal immigration authorities and the

immigration authorities have acquiesced in their presence. PRUCOL isn't an immigration status but it does dovetail with immigration law. However, the lawyers for the hospital are not immigration lawyers. Thus, the family got a bit scared and they reached out with concerns. We joined the case and after much effort and negotiation and conversations we were able to make him PRUCOL through far less means, secured him Medicaid, found him a voluntary temporary co-guardian and in the end, he was released to a rehabilitation facility. The Surrogates' Court Judge in the case… involved in the guardianship case told us in court that this was not an isolated situation on Staten Island and asked for our assistance in another case and we are aware of several others that have happened. In the week before Thanksgiving, our Staff Attorney trained several other Surrogates' Court Judges from the city around PRUCOL and immigrant access to health care and unsurprisingly the other judges noted this practice or the threatened practice of calling ICE in other boroughs. In our current environment it shouldn't be a surprise, contacting ICE, even on behalf of someone who is in a coma is a very risky endeavor. Further,

there are other avenues to immigration benefits and or PRUCOL eligibility that may be available for people. Avenues that would be apparent to an immigration lawyer but again the lawyers in this case are not immigration practitioners. Again, to just also reinforce the language access problems in this case particularly initially the communication with both the local family as well as the client was only provided in English even though there had been requests for an interpreter. Once we were able to get that Spanish language interpreter the client reacted quite differently to the directions that were given in Spanish and it greatly impacted his diagnosis. We remain concerned about these issues and call on both the city and the council to address this through training and oversight of practices at local hospitals related to immigrant access to health care, including support for additional training Surrogate Judges and of… and support for additional lead representation for people in these dangerous situations and I particularly do want to shine a light on Staten Island and the lack of legal representation and legal services there. We also request that the city enforce language access

requirements again echoing what's been said earlier as well as really push in the Know Your Rights campaigns that… about language access. The second again kind of particular issue I wanted to raise has to do with the ongoing problem of nursing homes unwillingness to accept people who receive Medicaid because they are PRUCOL. Again, through our outreach and collaborative work over the years with many of the groups at this table as well as the Human Resources Administration we've been… known that this has been a problem, we worked with HRA to draft an alert to nursing homes outlining the validity of Medicaid based on PRUCOL status however sadly we have recently heard from community members that this concern is real and live again. In fact, we even heard about a nursing home who said that they wouldn't take a person until ICE had been called. Again, in our particular environment this failure to at best understand or at worst follow the law at all concerning immigrant eligibility to health care is concerning and we call on the city and council to continue to… educate and impress on facilities to provide care for people who receive their Medicaid because they are PRUCOL and to work with the state to

make sure that no individual with Medicaid is turned away. Finally, I'd like to speak just very briefly on something that's not in my written testimony but has been mentioned several times today which is about Medicaid or health care receipt for people who are DACA or were previously DACA recipients. I'd just like to echo that we have done at NYLPI quite an extensive legal analysis of those who will be… who have received DACA in the past and who will be losing because of the federal government changes. We have determined that those individuals remain PRUCOL and therefore they should remain eligible for Medicaid ongoing. We are currently performing that analysis as it relates to people with temporary protected status. I'd be happy to, to forward to the Council Member our memo but it is something that we have been supporting with the state… with state advocates as well and we believe that our legal analysis holds true in this situation and that people who receive DACA should… or had received DACA should continue to renew their Medicaid as they remain PRUCOL. Finally, just a last thing I would like to say is that, you know particularly in these times of turmoil where we're seeing things at both the state and federal level

concerning health care funding and how it intersects with immigration we just really encourage and support the city and the council to remain firm and develop any plans to fill in any gaps for our immigrant community. So, thank you for, for listening and I'm happy to answer any questions now or at another time and I now defer to my colleague Marinda Van Dalen to speak more specifically about NYLPI work related to access to health care for New Yorkers and immigration detention.

COUNCIL MEMBER MENCHACA: And before you go I just… [cross-talk]

LAURA REDMAN: Yes… [cross-talk]

COUNCIL MEMBER MENCHACA: …want to recognize that Council Member Rosie Mendez has joined us, and we are going to open the vote for 973-B, did I get that right… and I'll hand it over to the Clerk.

COMMITTEE CLERK DISTEFANO: Good afternoon, continuing the roll call vote on Intro 973-B, Council Member Mendez?

COUNCIL MEMBER MENDEZ: I vote aye and I want to thank the Chairs for opening up the vote.

COMMITTEE CLERK DISTEFANO: Thank you. The revised vote is six in the affirmative, zero in

the negative and zero abstentions, thank you Mr. Chair.

COUNCIL MEMBER MENCHACA: Thank you Council Member Mendez and, and if you can… you will conclude with your final testimony and I have a couple of questions for follow up for, for the discussion that we just started today at our hearing, go ahead.

MARINDA VAN DALEN: Thank you sir. My name is Marinda Van Dalen and I'm the Senior Health Attorney with New York Lawyers for the Public Interest, I'm Laura Redman's colleague. Thank you for the opportunity just to speak to, to the panel and, and to the members and your staff, it's an honor to be here. At NYLPI we, we are very committed to improving the quality of healthcare that New Yorkers receive who are in immigration detention. As you know, each year thousands of New Yorkers are picked up on our streets and placed in detention… in immigration detention in private facilities that ICE contracts with, these are people who often have been… never been charged with a crime and, and are being primarily held to assure that they attend future proceedings regarding their right to remain in the

United States. Sadly, there are many New Yorkers who are in immigration detention facilities who have very serious medical conditions and who are receiving inadequate medical care. Our work has documented that people who are in these facilities are frequently denied necessary medical care including dialysis and blood transfusions that there are substantial delays in services they receive including surgeries and that complaints about medical conditions are routinely denied despite their often very serious nature and finally that people who are in detention are frequently denied basic items like eyeglasses and dentures which really creates a situation where people are, are living in deplorable conditions without any dignity and, and in fact it's very dangerous because at times this can be life threatening. Upon release many of these people have had to spend long periods of time in, in intensive care units, they've… we've seen cases where cancer diagnosis are late and when an… where emergency surgery has had to occur after release because of denial of proper care while people were in detention. All of this is greatly worsened by the fact that many people lose their Medicaid coverage while they're in

detention and, so they come out unable to access the medical care that they need. There's a great need for advocacy on behalf of people who are in detention facilities and NYLPI is among the organizations here in New York who's doing this work. We work also with the NYIFUP attorneys helping to secure the release of New Yorkers and we've helped… we've put together a network of doctors, over 50 doctors who are volunteering their time to review the medical records of people who are in detention and prepare advocacy pieces to help get people released because of their medical conditions. We also litigate civil rights cases on behalf of people who are in detention or who have been recently released and not received the medical care that they, they needed. For example, we're currently litigating a case on behalf of two individuals who have mental health problems who were released at Varick Street with no medication and no plan for them to access the treatment that they needed with very dire consequences. In addition, we're right now investigating the very sad case of a man who died while he was in, in immigration detention across the River in Bergan County, New Jersey who prior to his death had been literally

begging for medical care and his requests were routinely denied, which is obviously very shocking and disturbing. We encourage the city council to take all, all steps it can within it's power to address this dire situation whether it's additional hearings to gather information and increase public awareness of this issue, perhaps the adoption of resolutions that may be used in this broader movement to in… improve the quality of medical care and also to encourage alternatives to detention for New Yorkers who, who have immigration issues that need to be resolved particularly when they have chronic health problems. Finally, we encourage the council to take steps to ensure that those who are released from immigration detention are seamlessly reconnected to or assisted in applying for Medicaid perhaps through the funding of advocacies or navigators at the Varick Street facility where people as you know are released. Thank you very much for your time and we look forward to continuing our work with the council to improve the health of immigrants here in New York.

COUNCIL MEMBER MENCHACA: Thank you so much for that… [cross-talk]

MARINDA VAN DALEN: Thank you… [cross-talk]

COUNCIL MEMBER MENCHACA: …final testimony and taking us on I think a very important… an… a very illuminating point in the conversation about health care and that health care needs are, are… for many communities including communities who are… who find themselves in detention more and more especially today. I know that there are… I know there are municipal limits but there… but, but that doesn't mean that we have power right now to be incredible advocates with you so we want to continue to, to get more testimony from you offline after, after this, this hearing, we also want to figure out where we can be more helpful and I know that NYIFUP, you mentioned NYIFUB being an incredible game changer for, for not just this city but now other cities who are adopting the opportunity to use municipal funding and other streams of, of funding to, to bring lawyers to bring people out of detention as, as, as fast as possible but that doesn't mean that we can… that, that we can advocate for people within the system… within the detention systems. The ideas about alternative methods of incarceration for, for immigrants who are

in detention I think are going to be an important thing to figure out how we do that and if there are any resolutions and you mentioned that we'd like to… we'd like to not only see them to figure out how we can support that with our advocates, with a large, larger group of advocates to make sure that the city council's on record saying that we are going to support changes to state or federal guidelines for, for detention. So, again thank you for, for that testimony, that was an important part of, of this grand, grand vision that we have for New York City as a sanctuary city but also a city that takes care of its own and, and so thank you for that.

MARINDA VAN DALEN: Thank you.

COUNCIL MEMBER MENCHACA: The second question is really… or the second point that I want to make is… or kind of really get a sense from, from the advocates and maybe the, the immigration coalition and Claudia if you can… if you can kind of address this. We heard from the testimony today about, about its… about the administration's commitment to, to health care, we are all going to wait soon for that evaluation of the demonstration project that I think holds, holds some not only

findings but recommendations about how we can integrate the work that happened from that demonstration but also just integrate what you are all experiencing on the ground and the barriers that we're seeing and the, the, the continuity of experience for immigrants as they're going through their legal questions about health care and housing and their immigration court, court work, how do we build a capacity at the ground level, at the community based level to, to impact more, more people in our neighborhoods, how do we build capacity at the… at the ground with community based health care providers, or for anybody else who wants to answer that?

CLAUDIA CALHOON: So, thank you… thank you for that question, I think it's really an important and a big one. There are a lot of things happening at once that effect, certainly the Action Health pilot is just a pretty small part of it, the enrollees were act… in the demonstration project it was, you know not a huge number of people compared to the, the broader area of need. We are also in the midst of the state's delivery system Reform Incentive Payment Program or DSRIP which is actually one of

its… one of it… part of its mission is to engage community based providers better as partners with the performing provider systems that are led by hospital systems that… and it, it all sort of goes into the same place in terms of keeping people out of the emergency departments and, and once people are discharged that they are healthy, and they stay discharged. So, that's a whole other hearing but like… but, but there is… there is some work that has been done in engaging community service providers through that work and… but I think that there hasn't been a great… a great… there hasn't in all cases sort of been success in doing that well and not every… not each performing provider system is as successful or as intentional in their efforts to do that. I think that as I mentioned before anything that… that is all about creating partnerships across different types of providers DSRIP is and, and I think anything that… any kind of effort that does that as one of the reasons the Action Health NYC pilot is really valuable is because it links SQHC services with H and H and makes it easier hopefully it… we, we will find that it made it easier for, for federally qualified health center SQHC services to refer to specialty

care that only exists within H and H for uninsured individuals. So, I think that resources to… programs like immigrant health initiative and Access Health NYC that get funds out to build the capacity of community based organizations to do that work is also really critical and that's why expanding and sort of maybe better curating the work of all of those different, different awardees together is I think… there's actually quite a lot of potential there for addressing all the challenges that we face. I think it's a really… I, I think it's really tough question because there are so many moving parts and, and I think that sort of the council taking it in this next year the council taking sort of a big picture and figuring out how… sort of how, how they can play, play a role in filling, filling all, all the different things that are happening and sort of driving towards the goal that you're talking about is, is, is a really interesting idea and we look forward to working with you on that. I think… I think the other thing is just making sure that H and H has the capacity to do all they've been doing and, and doing it better on the large… on a large scale and that involves figuring out whether there's a way to

make the indigent care… State Indigent Care Pool Payments more equitable.

COUNCIL MEMBER MENCHACA: Thank you for that and, and so the, the last question I have and I'll hand it over to Chair Johnson is when we're engaging immigrants in, in the screenings and a lot of you are doing that right now, what's, what's been the most effective way to get immigrants to one say yes to health care and, and not only that but to, to get them on a path for a preventative primary care plan, what, what have you seen as, as a thing that, that has been most effective in, in, in getting them to say yes to, to primary care plan or primary care period?

CLAUDIA CALHOON: I'll start but I'm hoping my colleagues also have thoughts. I think that… I didn't mention this in my spoken testimony but I mentioned it in written testimony, actually I think customer service at in-state agencies and in H and H facilities and in other hospital settings is, is actually a first… a, a really important first step, people don't have that and we talk to people about the health care that they receive they have… they are often turned off by bad experiences with

frontline staff not having information about language access as part of it, speaking to a provider that doesn't understand that their religion or their ethnicity might make them want to have their… receive their care in a certain way is part of that but at the, the first line is if they walk into a health care facility and have a bad experience they're not going to go back… you know if they walk into the ambulatory care clinic in Bellevue and are turned away at the front desk because they don't understand what's going on or because their pay… their, their appointment got cancelled or because they want to see the provider that they've seen in… they've seen before and they're told that they, they waited too long and they have to start over with someone new which is, is something that we hear happening then they're not going to come back, they're not going to engage. To get care in an H and H facility can be quite chaotic, you have to be a self… a good self-advocate, you have to be a little bit persistent and so I, I think that one of the first things is make… is, is… every, everything that can be done to make… give H and H what they need to organize their services so that they are friendly and accessible

and, and functions smoothly is really, really important and I think that there's a lot of interest institutionally on… from the system in doing that but I think that how that works in practice is actually… it's a… it's a big task. So, I'm interested to hear from other people about their patients.

NORMA TINUBU: Hi, Norma Tinubu. I think what we can do is continued funding of the various programs that provide trainings to social workers and hospital staff so that they can continue making the warm hand off to legal services providers that are either present in the… that are present in the hospital systems and, and other systems so that there's… it builds the trust from the community and so that when these hand offs are made people are more comfortable with accessing services and, and keeping appointments and going to these providers for support and assistance with their various problems that prevent them from improving their health care.

SUSAN WELBER: I, I mentioned earlier that we have a lot of experience looking at how HRA frontline staff their interaction with clients either results in engagement or not or diversion and I think that, you know really looking and using your

authority to get some of those training materials that were referenced by Miss Ramon to see what exactly is the protocol, you could call it customer service or you can call it, you know intake and assessment but like what are the questions that are being asked because what we've seen in the HRA context is neutral questions which the staff proceeds and the agency proceeds those neutral questions can sometimes be enough to turn someone away, yo u know for a good period of time. So, asking the questions do you have a social security number sometimes is enough for people to say, you know what I don't and maybe that means I shouldn't be here as opposed to introducing the services in some other way that… besides… even… that may be a practical question because is someone does have a social security number you want to know what it is or you want to know what their status is so that you can decide which type of insurance they're in line for but like really looking at that nitty gritty interaction can be helpful.

CLAUDIA CALHOON: And one other thing I'd add in terms of co-locate, to the degree that it's possible to co-locate services in community based settings like community based organizations I think

that's really, really key and that's obviously probably more feasible… that's not maybe necessarily feasible in terms of primary care, it might be feasible in terms of preventative care and one of the things that people talked about was the need for sort of preventative education, sort of health education from the hospital settings but to the degree that through Thrive or some of the other initiatives it's possible to co-locate behavioral and mental health services in community based organizations through some sort of partnership between, you know a, a… an, an organization that… a health care provider that can, can provide mental health services and, and… but do it in a… in a community space. There's been a lot of demand for that and there's been a lot of interest in it and I think… and… from our members and I think there's a lot of bang for the buck in terms of addressing some of the mental distress that's flowing from immigration enforcement.

LAURA REDMAN: I just wanted to add it's kind of a slight different angle to your question because we work predominately or almost entirely with people who are very ill already either because they have, you know a chronic condition or a more sudden

condition and definitely we saw, you know after the election last year a tremendous drop off in people even just reaching out at all. I, I will say the, the fortunate thing we have found is just in the last two months more people have been picking up the phone and calling us and we've been trying to probe a bit about what… you know are people feeling more comfortable and I wouldn't say that's the answer, I think they've just become a bit more resigned to the world we're living in and so able to kind of step out and confront the fear a little bit more but I did want to echo, you know we work very closely with community health centers in our immigrant health initiative work and have found that training… you know so that's not the big hospitals but kind of the local more local based programs and we've done quite a bit of training and found exactly what's been talked about here, you know that frontline staff, you know their ability to be in the community to have that cultural competency and what we've trained them with as, as well is the kind of immigration enforcement's piece so having a bit of that kind of confidence behind when they're saying to the patient, yes please do keep coming, come back to us, they, they… they're

saying that from a point of, of knowledge rather than just because they want the person to come in but we've definitely saw a dramatic drop off and that's… as why I say it's a little bit different, these are not people who are seeking preventative care, these are people who are seeking lifesaving care and they still weren't willing to pick up those phones or come out of the door but we have seen a little bit of a uptick lately so we're hoping that at least there's a… as I say I'd like to think it's more of a positive but it might just be that people have become resigned to well this is how it is so, so let me see if, if the risk is worth it but you know we again always hear issues of language access, you know we also work with HRA exactly what Susan's saying, you know the questions that are asked its really important to think about those things clearly but also getting as local as you can, educating people and letting people know that you don't always have to go to the big scary hospital that you can go to these community health centers who are, you know not only in your community but the people who work there are from your community and, and it can be a really great place to

get that particularly the preventative and primary care.

COUNCIL MEMBER MENCHACA: Well I want to thank Chair Johnson for Co, Co-Chairing this incredible conversation on health care for immigrants and I think the dedication that you've seen both from the Administration and the city council and all of you are going to… are going to keep us on the right path to figuring this out. I'm really excited about one or our pieces of legislation taking effect very soon that will create this task force, that's going to be a robust place for conversation but also planning and implementation of some of the ideas that we've talked about here, that's going to be an, an opportunity for us to, to really kind of keep ourselves accountable from what, whatever sector we're coming in from and making sure that we are delivering for, for our immigrant… for our immigrants. The initiatives also are important to get feedback on the… all, all the different initiatives that we have been championing at the city council. It's important for us to know the actual impact because we continue… we can continue to fight for them not just to keep them in the budget but to

expand them as we see necessary and so part of that is going to be very important for us in the next session to, to do very soon and I think this hearing give us ideas not just for the task force but for our, our budget conversations. And then finally what I want to say is, is as we think about immigrants right now that are possibly being, being more courageous or just resigned, we, we, we do want to see a continued… a continued flow of our immigrant families to come and, and get closer to government and part of that work we do on the ground in our district offices as elected officials, organizations, making sure that we have cultural competent frontline staff but also making sure that the entire city is, is, is doing this and this is a… this is a major task, this is a major task but it's not impossible and we have to keep pushing every day to make sure that this city is able to open it's doors, truly open its doors and welcome everybody and when you think about organizations like Callen-Lorde for example that have just really nailed the, the, the services to the LGBTQ community and have really kind of shown how all hospitals should be in, in so many ways, we got to think about immigrants as well and making sure

that we integrate all this… all, all this knowledge and customer service into, in, into our… into our city facilities. And so, I just… I'm really thankful for this conversation and we're going to continue this moving forward, follow ups with all of you. There's one thing I just… I… there's a report that was mentioned, the NSNA Report, if I can… we can get a, a copy of that that'd be great and any other final thoughts?

CHAIRPERSON JOHNSON: No, I agree with everything Council Member Menchaca said and you know as I said to the folks from the Administration who testified before this panel, you know we're in a very scary and strange time right now on issues related to health care delivery, health care access and services and how immigrants both the undocumented and the documented are treated here in our country and New York is really the epicenter of immigration from around the world and we have a very challenging health care landscape here in New York City especially with the Health and Hospitals, financial issues as well as health care deserts that exist predominantly in low income neighborhoods. So, this conversation is crucial and important and I look

forward to working with Council Member Menchaca on ensuring that the task force that he mentioned is a robust place for this conversation and that we can implement some of the things that you all raised today as well as continuing to fund and hopefully increase the amount of money we get towards AccessHealth and the Immigrant Health Care Initiative that the speaker pushed so this is a conversation we will keep having and I'm grateful that we had this hearing today and I look forward to working with my friend and colleague, Council Member Menchaca and all of you. So, thank you very much.

CLAUDIA CALHOON: Thank you.

COUNCIL MEMBER MENCHACA: Thank you and final thank you to Health Care Committee Council… Policy Analyst Crystal Pond; Finance Analyst Jin Lee and the Immigration Council Indiana Porta. Thank you so much.

[gavel]

C E R T I F I C A T E

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

Date December 15, 2017