Committee on Hospitals

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## THE COUNCIL

# Briefing paper OF THE HUMAN SERVICES Division

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**COMMITTEE ON HOSPITALS**

*Hon. Carlina Rivera, Chair*

#### June 24, 2020

**Oversight: New York City Hospitals' Reopening Plans**

1. **Introduction**

On June 24, 2020, the Committee on Hospitals, chaired by Council Member Carlina Rivera, will hold a hearing entitled “New York City Hospitals' Reopening Plans.” Among those invited to testify are representatives from Health and Hospitals (H+H) and other interested parties.

1. **Background**

Since the novel coronavirus first emerged in late 2019,[[1]](#footnote-2) it has spread rapidly around the world. As of June 23, 2020, there have been more than 9,271,858 confirmed COVID-19 cases and more than 476,601 deaths worldwide, including more than 2,404,408 cases and more than 123,100 deaths in the United States.[[2]](#footnote-3) New York State and New York City have been hit particularly hard by this pandemic, with the virus likely initially entering New York via travelers from Europe.[[3]](#footnote-4) As of June 23, there have been more than 389,085 confirmed cases[[4]](#footnote-5) and more than 24,766 deaths in the State,[[5]](#footnote-6) including more than 209,893 cases and 17,657 confirmed deaths[[6]](#footnote-7) in New York City.[[7]](#footnote-8)

In order to slow the growth of COVID-19 cases in New York, Governor Andrew Cuomo declared a State of Emergency on March 7, and has since issued a series of orders that have closed schools, businesses, and changed the day-to-day lives of millions of New York residents.[[8]](#footnote-9) The goal of these social distancing measures was to slow the spread of coronavirus, and thereby “flatten the curve.”[[9]](#footnote-10) The primary concern for public health authorities in recommending these measures was to ensure that the number of people who required hospitalization was limited as much as possible to put hospitals in a better position to manage a surge in cases.[[10]](#footnote-11) In mid-March, as these measures were being implemented, State officials projected that New York would need 110,000 hospital beds and more than 30,000 ventilators by late April/early May,[[11]](#footnote-12) despite having an existing statewide capacity at the time of only 53,000 beds and 3,000 ventilators.[[12]](#footnote-13)

On March 16, Governor Cuomo announced that he would issue an Executive Order (EO) allowing the State to increase hospital capacity to handle the potential influx of patients suffering from COVID-19.[[13]](#footnote-14) EO 202.5, issued on March 18, facilitated the creation of temporary medical facilities to treat COVID-19 patients, and suspended certain State regulations to help hospitals maximize existing space and increase capacity.[[14]](#footnote-15) Then, on March 23, the Governor issued EO 202.10, which required all general hospitals, ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers to increase the number of beds available to patients, including by canceling all elective surgeries and procedures.[[15]](#footnote-16)

Although the situation in the City’s hospitals was dire by late March and early April, when the City was experiencing an increase of around 1,600 new hospitalizations per day,[[16]](#footnote-17) the worst case scenarios projected in March did not come to pass.[[17]](#footnote-18) Eventually, in mid-April, the strain on the City’s hospitals slowly began to ease as the number of new cases and hospitalizations started to decline.[[18]](#footnote-19) On April 29, Governor Cuomo issued EO 202.25, which authorized hospitals and other medical facilities, on a county-by-county basis, to begin performing elective procedures once more so long as certain criteria were met.[[19]](#footnote-20) Elective procedures were authorized to resume in counties where (i) the total available hospital capacity in the county, and in each individual hospital, were both over 30 percent, (ii) the total available hospital ICU capacity in the county, and in each individual hospital, were both over 30 percent, and (iii) there had been fewer than 10 total new hospitalizations of COVID-19 patients in the last 10 days in the county, and in each individual hospital.[[20]](#footnote-21) EO 202.25 also allowed hospitals to apply for a waiver to perform elective procedures if the county in which they were located had not yet met these criteria.[[21]](#footnote-22) To obtain these waivers, hospitals were required to explain how they planned to resume elective surgeries without compromising bed capacity, and how they would adhere to infectious disease protocols.[[22]](#footnote-23) They were also required to explain how the lack of elective surgeries and procedures had impacted their staffing decisions.[[23]](#footnote-24) Several NYC hospitals were granted waivers in early June,[[24]](#footnote-25) and on June 8—the same day New York City entered Phase I of the State’s phased reopening plan—[[25]](#footnote-26)Governor Cuomo announced that NYC was once again authorized to resume elective surgeries and ambulatory care.[[26]](#footnote-27)

1. **Impact of the suspension of elective surgery on Health**

The COVID-19 pandemic impacted access to health care, as many people worried about being exposed to COVID-19 avoided seeking the health care they needed.[[27]](#footnote-28) Patients also faced barriers to getting care, with many facilities closed to non-essential health services.[[28]](#footnote-29) According to research by the Kaiser Family Foundation (KFF), some people reported being unable to receive medical care or prescription medications unrelated to coronavirus as a result of the pandemic.[[29]](#footnote-30) According to a poll conducted by KFF between March 25-30 of this year, one-third of adults reported being unable to get needed medical care unrelated to COVID-19, and one-fourth said they were unable to obtain prescription medications.[[30]](#footnote-31) In a more recent poll, nearly half of adults (48 percent) said they or someone in their household postponed or skipped medical care due to the coronavirus pandemic, with most (68 percent of those who delayed care, or 32 percent of all adults) expecting to get care in the next three months as restrictions ease.[[31]](#footnote-32)

Far fewer people visited their doctors during the months of March and April than usual.[[32]](#footnote-33) According to research by The Commonwealth Fund, the number of visits to ambulatory practices declined nearly 60 percent by early April, yet has since rebounded slightly; however, the number of visits is still roughly one-third lower than what was seen before the pandemic.[[33]](#footnote-34) While the rebound in visits has occurred across all specialties, the relative decline in visits remains largest among surgical and procedural specialties and pediatrics.[[34]](#footnote-35) The relative decline is smaller in other specialties such as adult primary care and behavioral health.[[35]](#footnote-36) According to Axios, medical services that have been particularly impacted by the pandemic include access to vaccinations and the promotion of vaccinations through campaigning, dental care, preventive care including cancer-related care and screenings, and the delay of other emergency care, such as care for those experiencing heart attacks or strokes.[[36]](#footnote-37) According to DOHMH, from March 23 to May 9, the number of vaccine doses administered to children dropped 63 percent compared with the same time last year, and by 91 percent for children older than two.[[37]](#footnote-38)

The pandemic has had a profound impact on people diagnosed with cancer, with reports of people delaying or deferring cancer-related care.[[38]](#footnote-39) According to a survey by the American Cancer Society, 79 percent of patients in active treatment for cancer reported a delay in their health care (up from 27 percent in a previous survey), including 17 percent of patients in active treatment who reported delays in their cancer therapy.[[39]](#footnote-40) Delays were also common among patients who are not currently in active treatment, with 78 percent of such patients reporting their health care had been delayed.[[40]](#footnote-41) Overall, one-fifth of all cancer patients and survivors surveyed reported concern that their cancer could be growing or returning due to their challenges in obtaining health care.[[41]](#footnote-42) Additionally, some cancer clinical trials, where patients can receive innovative therapies, have been suspended, and organ donations and availability are on the decline.[[42]](#footnote-43)

The overall strain on the health care system may have contributed not only to individuals deferring care, but also to a decline in the health of individuals with terminal illnesses and other serious medical conditions.[[43]](#footnote-44) Physicians have written about their concerns regarding emergency departments only seeing patients with COVID-19 symptoms, with a notable decline in patients seeking other emergency-related care.[[44]](#footnote-45) In an informal Twitter poll by an online community of cardiologists, almost half of the respondents reported seeing a 40-60 percent reduction in admissions for heart attacks, with about 20 percent reporting more than a 60 percent reduction.[[45]](#footnote-46) One study concluded that, during the first phase of the COVID-19 pandemic, there was a marked decline in acute cardiovascular hospitalizations, and patients who were admitted had shorter lengths of stay.[[46]](#footnote-47) Similar observations have been made in other specialties, as well as in other countries impacted by the pandemic.[[47]](#footnote-48) It is also important to note the implications of social distancing practices and the current financial crisis on mental health, as well as challenges to accessing mental health or substance use services.[[48]](#footnote-49) These delays and reduction in services across the board pose serious questions for future health care needs and demands. The health care system itself is also attempting to rebound financially, after many health care workers experienced job loss and facilities struggle to cope with lost revenues.[[49]](#footnote-50)

1. **Conclusion**

At today’s hearing, the Committee looks forward to hearing from the Administration, the hospital systems, and community advocates about hospitals’ plans to promote and safely provide the much-needed health care services that were suspended during the height of the COVID-19 pandemic in New York City.

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