New York City Council Hearing

FY22 Preliminary Budget Hearing

Committee on Hospitals

Mitchell Katz, MD

President and Chief Executive Officer

New York City Health + Hospitals

March 22, 2021

Good afternoon Chairperson Rivera and members of the Committee on Hospitals. I am Dr. Mitchell Katz, President and CEO of NYC Health + Hospitals (Health + Hospitals). I am joined today by John Ulberg, Health + Hospitals' Senior Vice President and Chief Financial Officer; Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services (CHS); and Christine Flaherty, Senior Vice President of Health + Hospital's Office of Facilities Development.

I am happy to be here to report on our finances for Fiscal Year 2022. A year ago, COVID-19 arrived in New York City and required all of our energy and resources. Health + Hospitals invested financially, as well as clinically and emotionally, to do everything possible to thwart the virus and save lives. Even with those necessary expenditures, I am pleased to report that Health + Hospitals has closed the first half of FY21 on track and projects a strong closing cash balance of $550 million for FY21. Still, we remain deeply concerned about externalities including the proposed State budget cuts, which would cause significant harm to New York City's public health system at precisely the wrong point in time. I look forward to partnering with you to prevent these cuts from happening, and I thank you for your ongoing commitment to a strong, viable, and equitable public health care system.

Accomplishments

Our system has had many extraordinary accomplishments over the past year even as we have battled a global pandemic, thanks to our dedicated and heroic staff. We were the original epicenter of the pandemic and throughout the pandemic we have led the citywide effort to beat back the pandemic. This has included:

- **Healing** – Our facilities and clinicians have provided quality, compassionate care to thousands of patients impacted by COVID-19. Our 11 emergency departments have managed more than 108,000 COVID-19 patient visits. Systemwide, more than 54,000 hospitalized patients with COVID-19 have been safely discharged.
- **Testing** – We have prioritized testing since the early months of the first surge, initially setting up tents outside our facilities and then launching the country's most successful Test and Trace operation. In the last year, our hospitals, Gotham Health Centers, Correctional Health Services and NYC Test & Trace Corps testing sites have done more than 3.8 million COVID-19 tests. Thousands of New Yorkers experienced for the first time the dedication and passion of the employees in our health system. I am especially proud of the resounding and consistent praise we have heard and seen on social media for our team members' kindness and professionalism.
- **Vaccinating** – We are so proud to be a significant part of the City's vaccination efforts, focusing first on our staff and other health care workers and then, when authorized by the State, on our most vulnerable patients and community members. Despite the challenges of an unreliable vaccine supply, we have extended hours, added more staff, and created new mass vaccinations sites managed by our NYC Test & Trace Corps to bring vaccines to our patients and communities. So far, we have put vaccine into more than 260,000 arms, and we are not letting up.
- **Recovering** – Our ambulatory care teams are serving more than 26,000 patients who had COVID-19, many of whom will face a range of long-term health effects. Our investment to open three new COVID-19 Centers of Excellence in

communities hardest hit by the pandemic will ensure access to the specialized care New Yorkers will need to address long term respiratory, cognitive and cardiac conditions caused by the virus. At these sites, we will be with our COVID-19 patients at every step of their recovery and offer ongoing primary care to all members of the community.

Beyond our work with COVID, we have also seen great progress in other aspects of the system:

- Increased patient attribution with our primary care providers and implemented strategies with MetroPlus to retain new members
- Improved referral processes to maintain specialty business within the system
- Expanded ambulatory care services including Express Care and telehealth
- Increased MyChart enrollment to amongst the best in the nation and leveraged its capabilities to improve patient experience
- Converted eligible patients to appropriate Medicaid plans including HIV SNP and HARP to better address their needs and improve care management
- Established the H+H Equity and Access Council aimed at eliminating barriers, institutional and structural inequities, and improve the health and well-being of underrepresented and marginalized communities
- Continued to integrate best practices in LGBTQ affirming care across the System
- Completed roll-out of NYC Care to all five boroughs bringing access to primary and specialty care for 50,000 members, regardless of their ability to pay or documentation status

In addition, despite contending with the extraordinary challenges of COVID-19 in the City's jails over the last year, our Correctional Health Services team, led by Dr. Patsy Yang, was able to achieve several important milestones in patient care. In the last year, CHS:

- Opened four new Program to Accelerate Clinical Effectiveness (PACE) units to better serve patients with serious mental illness, leading to improved medication adherence and health outcomes and reduced violence
- Launched an Enhanced Pre-arraignment Screening Service (EPASS) program on Staten Island to screen individuals admitted to jail for medical and behavioral health issues
- Expanded its reentry support services to all patients, starting at intake, through its new Community Connections Services (CCS) program
- Expanded the services of the Point of Reentry & Transition (PORT) program, which includes the PORT Practices clinics at NYC Health + Hospitals/ Bellevue Hospital and Kings County Hospital. The PORT clinics, which celebrated their one-year anniversaries in 2020, now provide telehealth visits, and the Bellevue PORT location also expanded its scope of services to include psychiatric care
- CHS was also the first correctional facility in New York State to offer vaccine to persons in custody

Financial Performance YTD

Health + Hospitals has closed the first half of FY21 on track; we have beat our budget projections by 2%, achieving a net positive budget variance of $115 million. Our patient care receipts are $398 million better thus far this year versus the same

period last year. This continues the positive momentum we had last year where patient care revenues exceeded FY19 by nearly $500 million.

Our Strategic Initiatives associated with revenue cycle improvements, managed care contracting improvements, and value-based payments also remain on track. Through December, they have generated $311 million in revenue and have a projected line of sight of $576 million for the full year. Finally, the staffing investments that we began implementing in FY19 have continued to be consistent with our overall system needs. We have brought onboard nursing and nursing support positions who have specifically supported our ability to manage the COVID surge and stabilize our ongoing services.

FY22 Preliminary Financial Plan

As of the release of the January plan, we projected a closing cash balance of $550 million in FY21 and $257 million in FY22. These cash balances, while positive, factor in many major external financial risks including State and Federal policy concerns. However, we are excited to share that one of the most notable risks, the DSH eFMAP glitch, was fixed in the recently signed American Rescue Plan by President Biden. This will enable us to offset nearly $800 million in projected losses in FY21 and FY22. We are extremely grateful to Senator Schumer and the entire New York delegation for addressing this major impact on Health + Hospitals.

Nonetheless, there remains major external uncertainty as we emerge from COVID. The Executive SFY21-22 State budget includes nearly $500 million in cuts to the system over the next two years, including the elimination of the public Indigent

Care Pool and a 1% across-the-board cut, on top of the 1.5% cut implemented last year. We are advocating in Albany and with support from the Mayor's Office and many of our critical partners and community stakeholders to eliminate these cuts. At the same time, too offset these risks, the system remains focused on implementing our Strategic Initiatives and plan to generate over $800 million in new revenue/savings in FY22, growing to nearly $1.3 billion by FY25.

Against the backdrop of all of this, we have been battling COVID every day. We have paid out over $1.6 billion to-date on the COVID response and have committed to spend nearly $2 billion on our response. In an effort to defray these costs, we have been aggressive in pursuing available federal revenue streams. We were among the first hospitals in the nation to submit a claim to FEMA which enabled us to receive some advanced reimbursement. We have continued to provide documentation and work closely with FEMA to continue to receive eligible reimbursement. Additionally, we were active in receiving Provider Relief Funds through the CARES Act. Thus far, we have received nearly $1.2 billion, largely through the safety-net and "hot spot" allocations, which would advocated strongly for given all of our efforts on the frontline and the narrow margin we manage each day.

Thank you for the opportunity to testify before you today and I look forward to taking your questions.

NYC HEALTH+ HOSPITALS | Correctional Health Services

Testimony for the record: New York City Council Committee on Hospitals

March 22, 2021: Fiscal Year 2022 Preliminary Budget Hearing

Good morning Chair Rivera and members of the Committee on Hospitals. I am Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services, also known as "CHS." I appreciate the opportunity to submit testimony on CHS' Preliminary Budget for fiscal year 2022, as well as its work over the last year to expand and enhance health care services for people incarcerated in New York City. My testimony will also address CHS' work to combat SARS-CoV-2, including our work as the first correctional facility in New York State to offer vaccine to persons in custody.

CHS' operating budget totals $285M for fiscal year 2022, with a total headcount of 1,736 full-time staff. While this year's budget does not include any new-needs funding, investments in prior budgets have enabled CHS to expand its mental health, substance use treatment, and reentry support services and to achieve several important milestones in patient care over the last year – despite contending with the immense challenges of COVID-19. I will highlight just a few of these 2020 accomplishments before addressing our pandemic-specific work.

DRIVING IMPROVEMENTS – THE CHS 2020 PLAN

The last year was exceptional not only because of the pandemic but because it marked the fifth year of our five-year "CHS 2020" plan. In 2016, we developed this set of ambitious goals in order to challenge ourselves to implement a myriad of initiatives designed to improve the quality of and access to care. We are proud to announce that we not only met but exceeded our goals. Achieving these CHS 2020 goals, only some of which are summarized below, drove improvements in patient care while bolstering the City's commitment to creating a better criminal justice system.

Mental Health Services: In 2020, CHS expanded its innovative mental health program, Program to Accelerate Clinical Effectiveness (PACE).

PACE units, part of CHS' mental health therapeutic housing continuum, serve patients with serious mental illness who present a high risk of clinical decompensation in the jail. Each unit maintains a full complement of health staff, allowing for near-constant access to care and therapeutic interventions. In 2020, CHS opened four new PACE units, and with the opening of an additional unit in January of this year, ten units are now operational. CHS is on track to open the final two PACE units this spring – quadrupling the number of units since the program's launch. Patients in PACE demonstrate improved medication adherence and health outcomes and reduced violence and rehospitalization.

Enhanced Pre-Arraignment Screening Service (EPASS): Through EPASS, CHS screens individuals in Central Booking for medical and behavioral health issues in order to identify patients with priority health issues; to avoid emergency department runs that disrupt court proceedings; and to support diversion and alternatives to incarceration. Launched in Manhattan in 2016, EPASS expanded to Brooklyn in 2018 and to Queens and the Bronx in 2019. In 2020, CHS established EPASS in Staten Island – making the service available in every borough and quintupling the number of sites since the program's launch. CHS has conducted more than 36,000 EPASS screenings since 2016 and prevented more than an estimated 12,000 emergency room runs.

Reentry Support Services: In 2020, CHS established Community Connections Services (CCS) in order to provide reentry support to all patients during their incarceration, starting at intake. In addition to conducting harm-reduction screening, substance-use counseling, and Naloxone training, CCS supports patients' successful transition into the community by helping complete Medicaid applications and providing information about post-release services. By initiating reentry work during incarceration, CCS serves as a bridge to CHS' own reentry programs - the Community Reentry Assistance Network (CRAN) and the Point of Reentry & Transition (PORT) program. CCS also maintains a dedicated phone line within the jails to enable patients to connect directly with the CCS team to discuss reentry needs.

To support patients' continuity of care and access to high-quality medical services in the community, CHS connects patients to the PORT Practices clinics at NYC Health + Hospitals/ Bellevue Hospital and Kings County Hospital. The PORT clinics, which celebrated their one-year anniversaries in 2020, are staffed by CHS primary care providers along with hospital-based clinicians so that patients can receive care from the same providers they saw while detained, after release. Additionally, Community Health Workers with lived experience serve as peer navigators, assisting patients with registration, scheduling and pharmacy needs. In 2020, the Bellevue PORT location expanded its scope of services to include psychiatric care, and both locations expanded their services to include telehealth visits, in response to COVID.

Substance Use Services: Supporting patients with substance use disorders is a key part of CHS' larger mission. Through its Key Extended Entry Program (KEEP), the nation's oldest jail-based opioid treatment program, CHS provides methadone and buprenorphine maintenance to patients while they are in jail and provides ``linkages to community-based treatment and harm-reduction services to patients reentering their communities. CHS' work in this space has been prolific – exceeding all of the 2020 goals established five years ago.

This includes doubling the number of patients on Medication-Assisted Treatment (MAT), including methadone and buprenorphine maintenance. Notably, in 2020, 86 percent of CHS patients with an opioid use disorder (OUD) diagnosis received MAT, and 93 percent of CHS patients with an OUD left jail in 2020 with an individualized discharge plan. CHS' targeted reentry services for this population include connections to harm reduction services, syringe exchange programs, and naloxone distribution sites in the community. CHS will also provide referrals to community sites to initiate MAT or inpatient drug treatment. In addition, since 2016, CHS has distributed more than 42,000 naloxone kits to patients, staff, and the community.

Hepatitis C: In addition to initiating or maintaining treatment for substance use disorders, CHS initiates or continues treatment for hepatitis C – a disease that can cause permanent liver damage but can be cured if appropriately diagnosed and treated. CHS also provides referrals to community-based treatment for patients discharged prior to completing their treatment regimen. In 2016, NYC Health + Hospitals partnered with Merck & Co. to obtain its hepatitis C drug at an unprecedented discounted price, enabling CHS to substantially increase the number of patients who start hepatitis C treatment while incarcerated. In fact, since 2016, CHS has quadrupled the number of patients treated for hepatitis C while in custody – far exceeding its original goal of a 50 percent increase. From 2016 to 2019, the number of patients initiating treatment in jail increased from 52 patients to 222 patients.

Telehealth: CHS' telehealth services served an important role in 2020, providing connections among the jails and with hospital clinics and emergency departments to allow for urgent, specialty, and routine consultations without needing to transport patients between facilities. CHS was the first division within

NYC Health + Hospitals to improve access to care through telehealth, beginning in May 2016 at NYC Health + Hospitals/Bellevue. Recent telehealth expansions have enabled CHS to conduct more medical and mental health encounters from multiple housing areas, including the infirmary and substance-use units. To better facilitate access to care and leverage new technologies, CHS also established five new satellite clinics across three jail facilities. In addition to provider-to-patient encounters, telehealth enables provider-to-provider consultations, both of which proved vital throughout the pandemic.

RESPONDING TO COVID-19

This expansion of mental health, substance use, and reentry support services better positioned CHS to care for its patients throughout the pandemic, as maintaining access to care, in conjunction with decarceration and containment, constituted a key aspect of its COVID-19 strategy. In addition to working to keep patients as healthy as possible, CHS worked to remove the most vulnerable patients from jail, while affording the relief of reduced density to those who remained in custody. These efforts built on CHS' robust program of compassionate release, established in 2016, shortly after CHS' transition to NYC Health + Hospitals.

CHS greatly intensified its health advocacy work in the spring of 2020, expanding its focus to include persons whose clinical conditions made them more susceptible to a severe course of disease should they contract SARS-CoV-2. Since March 2020, CHS has advocated for the release of thousands of its patients. Approximately 56 percent of patients for whom CHS advocated release are no longer in custody. CHS' efforts to secure safe alternatives to incarceration continue to this day, involving work with district attorneys, defense attorneys, and courts.

While transmission of SARS-CoV-2 has increased since the summer, the seven-day average positivity rate in the jails has consistently remained lower than the City's rate. The current rate in the jails is 4.10 percent – less than the citywide average of 6.60 percent. CHS' containment efforts, which include cohorted housing along the COVID-19 spectrum, testing, and most recently, vaccination, have informed this decrease. On January 6, 2021, CHS became the first correctional facility in New York State to offer vaccine to persons in custody, after CHS was able to secure State approval to vaccinate high-risk patients following its strategic and targeted advocacy efforts.

CHS was able to successfully argue that its most vulnerable patients are clinically analogous to residents of community facilities operated or overseen by State agencies (DOH, OMH, OASAS, OPWDD) whom the State had approved as part of priority group "1a". When the State expanded eligibility to 75+ and 65+ on February 11th and 12th and to persons with certain comorbidities the week of February 15th, CHS similarly extended the offer of vaccine to its patients who met these criteria. As of March 17, 2021, CHS had vaccinated more than 850 patients, and education and counseling efforts are ongoing. CHS continues to advocate that vaccine should be offered to all its patients, not based on health or age but due to the very nature of the congregate carceral setting, and remains hopeful that it will soon receive approval.

Regarding staff vaccinations, CHS began offering vaccine to its own staff on December 28, 2020 and has since vaccinated more than X staff. On January 12, 2021, one day after the State announced the eligibility of priority group "1b," CHS – recognizing the moral and ethical imperative to help protect its colleagues in the Department of Correction (DOC) – voluntarily stepped forward to vaccinate the DOC workforce. With the support of DOC, CHS volunteered to take on this extracurricular work, despite its own staffing and operational pressures, in its mutual acknowledgement that the health of its staffs and the persons in

its care and custody, is inextricably connected. CHS continued to vaccinate DOC for two weeks until the City was able to secure a private vendor to take over this responsibility.

CONCLUSION

Although CHS staff faced extraordinary challenges in the last year, they also demonstrated an unwavering commitment to their patients' care and wellbeing. In addition to the expansion and enhancement of clinical services, 2020 brought increased civic engagement to the jails. CHS leveraged its relationship with its patients to help patients complete the census; register to vote; request absentee ballots; and vote in the 2020 elections. Through its partnership with DOC, CHS helped more than 700 patients register to vote and/or request ballots. CHS also partnered with DOC to help patients apply for the Coronavirus Relief and Economic Security (CARES) Act payments. In 2020, CHS also held its first-ever book drive to collect book donations for the New York Public Library's Correctional Services program. In partnership with DOC, CHS collected more than 2,000 books from DOC and CHS staff, non-profit organizations, and local elected officials to provide to readers at DOC facilities and New York City reentry hotels.

At CHS, we are committed to providing the highest quality care for our patients – many of whom present complex needs and require intensive services. This would not be possible without the strategic investments made by the City over the last five years. Our CHS 2020 achievements are a testament to this commitment to patient care. As the City continues to advance criminal justice reforms, we know a profound need for innovative health care services in the jails will remain. I'm so honored to be able to be part of this important work and thank each and every person in the CHS community for their dedication and sacrifice in 2020 and look forward to achieving new milestones in 2021.

DOCTORS DC COUNCIL
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Doctors Council SEIU
Testimony Before the New York City Council Committee on Hospitals
New York City Council Budget and Oversight Hearings on The
Preliminary Budget for Fiscal Year 2022

March 22, 2021

Delivered by: Frank Proscia, M.D., President & Kevin Collins, Executive Director

Good afternoon Chairperson Rivera and committee members. Thank you for the opportunity to testify today.

Doctors Council SEIU, a united voice for doctors, our patients, and the communities we serve, is a national affiliate of the Service Employees International Union (SEIU), and we are a union representing thousands of doctors in employed practice in New York State and other cities and states, including the doctors of New York City Health + Hospitals (H+H). NYC H+H is the largest public hospital system in the nation. * (See end for more about us.)

We believe in quality, affordable, and safe health care as a basic human right and social good, achieved and accessible by all, regardless of insurance, economic status, ability to pay, race, ethnicity, citizenship or residency status, language spoken, or diagnosis.

At Health + Hospitals (H+H), we represent every type of doctor from an Allergist to Vascular Surgeon, from Anesthesiologists to Surgeons to Cardiology to ER to OB-GYN. Our members include primary care physicians, dentists, and both in- and out-patient doctors. Whether a pediatrician working in a clinic or a specialist in interventional radiology, our members work together to advocate for our patients and our profession.

In representing every type of doctor, we also represent full-time, part-time and per diem doctors. No matter whether a doctor worked every day or on an as needed basis like a per diem, all doctors put their lives and livelihoods on the line during the COVID-19 pandemic and should be treated with dignity and respect.

We point out that most health care workers who work in H+H facilities are directly employed by H+H. In contrast, while some of our members are employed by H+H, the substantial majority are employed by a subcontractor/ pay pass through entity, known as an affiliate. Our doctors take care of the same patients as H+H employees, serve the same communities, are part of the same patient care teams, work in the same public facilities and are paid by the same public funds; the only difference being that instead of getting a direct paycheck from H+H, the majority of our H+H members receive a paycheck from an affiliate subcontractor who receives the money to pay the doctors from H+H. These subcontractors include NYU School of Medicine, Mount Sinai School of Medicine, Correctional Dental Associates, and a professional corporation known as PAGNY (Physician Affiliate Group of New York, P.C.) formed and wholly funded by H+H.

We strive to ensure that doctors' work environments are such that our hospitals and facilities can recruit and retain staff and that we can practice medicine and dentistry in a manner that we believe in, is ethical and can take pride in.

Our members put their lives on the line during the COVID-19 pandemic and continue to do so, often leaving their families behind to care for the most vulnerable and sick patients and to manage and respond to this disease. Doctors are essential workers who chronically worked short-staffed and burned out on the frontlines in the hardest hit areas of the Coronavirus pandemic.

When COVID-19 first hit New York City just over one year ago this month, at Doctors Council SEIU we created a 24/7 hotline for our members to call, text or email us anytime. In all our decades of representing doctors, we have never seen anything like what occurred. We had doctors calling us telling us that they said goodbye to their families not just because they might be staying away from their homes for weeks but because they might not survive to go back home. We had family members who were not members of our union calling and crying and you could feel the palpable fear over the phone. We had doctors being sprayed from an intubation procedure of a COVID-19 patient, doctors dealing with too few and hard to obtain N-95 masks and PPE (Personal Protective Equipment), doctor moms with newborns struggling to combine going to work with child care which became nonexistent at the height of the pandemic, to patients running out of beds, ventilators and medications, and on and on.

To recognize how far we've come in the year since the COVID-19 pandemic hit, we are hosting a press conference at Elmhurst Hospital on Thursday, March 25th at 12 noon to say "Thank You Doctors" to all the doctor heroes across the H+H system who have given so much and been there for our patients and communities. We will honor our doctor heroes while remembering the patients we cared for and those whose lives were lost.

Through all this, our members and the other health care worker heroes of H+H, bonded and stood united together to treat everyone, and by being stronger together saved so many New Yorkers.

We call on the Mayor and the City Council to recognize our challenges and continue to strengthen funding to Health + Hospitals as we continue dealing with the COVID-19 pandemic and its aftermath. Our patients and communities need your support. As do the doctors.

Doctors Council SEIU has worked with our international union on advocacy on the federal level. We are glad that Congress passed and President Biden signed the American Rescue Plan Act of 2021. We thank U.S. Senate Majority Leader Chuck Schumer, our very own New York Senator, for his leadership in getting this done. There is $6 billion in direct local aid slated for New York City, helping us to finally overcome the massive revenue loss. New York State is getting desperately needed funds of $12.5 billion to close the budget deficit.

We share the concerns of Jacques Jiha, director of the Mayor's Office of Management and Budget, about possible State cuts, which include $500 million slashed from H+H across both the current and next fiscal years. Cutting resources in the middle of a pandemic from H+H which has led the fight to save lives and protect New Yorkers from COVID-19 is simply wrong and beyond comprehension.

We have been meeting with members of the State Assembly and Senate to advocate that funding not be cut to New York City public services and patient care, whether to H+H, safety-net facilities or Mayoral

Agencies, such as the DOHMH or DOE. New York State must not pass a budget that puts public services for our most vulnerable residents at risk or that jeopardizes jobs.

We continue our State advocacy despite the federal Congressional economic relief coming to New York State because we are concerned it will not be enough and cuts will be made, nonetheless.

To protect the services to our patients and communities, as well as the jobs in New York City and throughout the State, we support the following State budget priorities:

- Implementation of a full financial backstop for all New York Hospitals and other critical facilities and providers.
- To allow the health care system to focus on emergency response, no cuts to health care funding.
- Protect funding with no cuts to enhanced safety net and public facilities, including New York City Health + Hospitals (H+H).
- Avoid layoffs and concessions in the State and New York City by working towards alternatives that would allow the services we provide to the communities and residents of NYC to continue.
- Authorize the New York City Transitional Finance Authority (TFA) to issue long-term bonds to cover revenue lost and expenses incurred in connection with the COVID-19 virus. Alternatives could include refinancing existing debt, an early retirement incentive and/or buyout, and State bonding authority.
- NYC is owed $100M in Affordable Care Act (ACA) funding that is urgently needed in the middle of the continuing public health emergency and should receive this immediately.

In addition, at the State level, we oppose:

- Cuts to Medicaid (and leave unharmed the safety-net hospitals that serve large numbers of people on Medicaid and uninsured persons).
- The proposed New York State Medicaid Carve-Out Plan that will strip away hundreds of millions in 340B prescription drug program savings that safety net facilities such as Health + Hospitals and community-based organizations rely on to provide critical and life saving healthcare services.
- To allow time to consider alternatives, the legislature should pass A.1671 (Gottfried)/S.2520 (Rivera) which would delay the Medicaid Carve-Out Plan until at least April 1, 2024, for 340B providers.
- The proposed 20% threat to cut funding for health and human services that is devastating providers across the state.
- The proposed 1% across the board Medicaid cut (on top of last year's 1.5% cut).
- Eliminating the State share of the Indigent Care Pool (ICP), especially for public hospitals serving our most vulnerable patients.
- Cuts to Article VI State reimbursement for New York City public health services.
- Elimination of the Vital Access Provider Assurance Program.

As we have for numerous years, along with other unions and community groups, we continue to advocate for the State to change its formula for Disproportionate Share Hospitals (DSH) payments. Under the State's DSH distribution formula, H+H is the last payee in the system, receiving only the balance left after all other DSH-eligible hospitals are paid. This is despite H+H being a true safety-net provider and providing more uncompensated care for Medicaid and uninsured patients.

The City budget problems need to be addressed but not on the backs of those who work for the City and those who have given and continue to give so much to deal with the Coronavirus pandemic. We believe laying off workers or seeking concessions will add to the problem and not fix it and will hurt New York City communities and residents as well as those who lose their job. Laying off workers will only add to the unemployment rate and drastically reduce the services we provide to people 24/7 every day. The loss of workers that provide essential services will not put us in the best position to continue to fight against the pandemic and be prepared to handle a next surge or wave of the Coranavirus.

While we realize that New York State and New York City are facing severe budget issues due to the COVID-19 pandemic, laying off workers or demanding concessions will not solve the problem.

Additionally, we support the following health and safety measures:

- ✓ Granting employees including doctors time off to receive vaccinations.
- ✓ Ensuring adequate Personal Protective Equipment (PPE), including N95 respirators and surgical masks, for doctors and other healthcare workers, and to require PPE stockpiles in New York State and health care medical sites.
- ✓ Maintaining the highest possible level of mandatory infection control measures to protect health workers including doctors. We must not lower infection disease protocols, such as when and how long it is appropriate to wear an N-95 mask, and even if the CDC or the State lowers protocols it does not mean that the City or H+H needs to weaken its infectious disease protocols.

Doctors Council SEIU continues to support efforts on mask wearing, social distancing and hand washing. On vaccinations, we must continue and increase our efforts, especially understanding how communities of color have historical institutional racism reasons to distrust vaccination efforts. We must ensure culturally competent care.

We must ensure that the communities of color that were disproportionately impacted by COVID-19 receive the resources and care needed.

As we move forward through the pandemic, we must be mindful of and fund new or emerging pathways to administer care or amplify and enlarge existing ones. For example, virtual telehealth visits can greatly expand care and enable a doctor to work remotely. We must ensure that our patients and communities have access to the internet and computers in order to access telehealth while at the same time listening to the input of the frontline doctors as to what works and what does not.

We must continue funding H+H to enable the retention of the doctors we have and recruiting new doctors. We must have enough doctors to ensure safe staffing as well as the timely availability of care and services.

We need to fund mental health services for health care workers who worked during the COVID-19 pandemic. What they experienced and saw will stay with them for the rest of their lives and some will have PTSD (post traumatic stress disorder).

We were pleased to learn that H+H, as recent as this month at its monthly finance meeting, stated its finances are stable and that it overall is performing very well. Money owed from FEMA in the amount of $330 million is expected to be received in April. $511 million in Disproportionate Share Hospital payments is owed from the State.

Just last month in a report released by the New York State Comptroller it was stated that "Federal legislation has delayed planned cuts in federal supplemental Medicaid payments through federal fiscal year 2023. These delays benefited H+H by $343 million in FY 2020, $580 million in FY 2021, and $622 million in each of FY 2022 and FY 2023. The additional resources relieve H+H from further planned restructuring and staffing reductions through FY 2024. . . . H+H appears to be financially sound in the short term, largely due to the receipt of federal funding."

We implore the City Council and Mayor to continue to fund and strengthen NYC Health + Hospitals as we continue dealing with the COVID-19 pandemic and its aftermath. Our patients and communities deserve this, as do the doctors who worked through the COVID-19 pandemic.

Thank you for the opportunity to testify.

* More About Doctors Council SEIU

We are a union representing thousands of doctors in employed practice in New York State and other cities and states, including the doctors of New York City Health + Hospitals (H+H). NYC H+H is the largest public hospital system in the nation.

Doctors Council SEIU also represents doctors in the New York City mayoral agencies including the Department of Health and Mental Hygiene (DOHMH), Department of Education (DOE) as well as doctors working at Rikers Island, the largest correctional facility in the nation.

Other agencies include Corrections, Fire, Police, Sanitation, Human Resources Administration, and the Office of the Chief Medical Examiner.

The work that our members do 24/7 helps the communities and residents of New York City every day. The services we provide across the five boroughs of New York City are vital, numerous and far reaching, ranging from managing and responding to the Coronavirus pandemic, to seeing patients in hospitals and clinics, to doctors in schools, to visiting patients at home, to providing services for those throughout the tri-state region with World Trade Center issues, to work in the Medical Examiners Office, to work in corrections/fire/ police and sanitation, and so much more.

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March 24, 2021

New York City Council
Committee on Hospitals

Re: Reusable Elastomeric Respirators to Support Emergency Preparedness

With nearly a century of experience engineering and manufacturing advanced respiratory PPE, MSA Safety is a prime manufacturer of respiratory personal protective equipment, including domestically-produced reusable elastomeric respirators.

We are one of several U.S. companies that manufacture this type of respirator, which have been used in a variety of industry, emergency, and healthcare applications. We support efforts to build and sustain a robust domestic manufacturing base for PPE.

We respectfully submit the following observations in support of elastomeric respirators for emergency preparedness. Along with N95s, this established class of respirator can play a critical role in the response to COVID-19 and bolster future preparedness efforts.[1] Able to be paired with a variety of interchangeable filtering cartridges, they also provide versatility to address a wide variety of other future public health emergencies and declared disasters.

In healthcare, elastomeric respirators have traditionally been used less frequently than N95s, but interest has grown. Numerous major systems around the country have employed this class of respirator. In a pre-pandemic survey of over 1,100 healthcare workers familiar with both N95s and elastomerics, elastomerics were more likely to be preferred by healthcare workers in high-risk infection environments due to a "sense of protection."[2]

Because elastomeric respirators (and filters[3]) can be cleaned, decontaminated, and reused, one elastomeric respirator can do the work of hundreds, if not thousands, of disposable masks, eliminating "PPE insecurity" concerns. They also provide a hedge against the risk of shortages or supply chain disruptions and work hand-in-hand with existing N95 programs for effective emergency preparedness. For every elastomeric stockpiled, more N95s will be available to be deployed as needed. Stockpiling both N95s and elastomeric respirators requires less warehouse space than stockpiling N95s alone, and it is cost effective.[4]

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[1] *See Respiratory Protection Considerations for Healthcare Workers During the Covid-19 Pandemic*, Friese, et al., available at https://pubmed.ncbi.nlm.nih.gov/32320327/ (report by certain members of 2018 National Academy of Medicine Study Committee on the Use of Elastomeric Respirators in Health Care, concluding that "[s]everal mechanisms exist to boost and protect the supply of N95 respirators, including rigorous decontamination protocols…***expanded use of reusable elastomeric respirators***….") (Emphasis added).

[2] *See User acceptance of reusable respirators in health care,* Hines, et al., Am. J. Infect. Control, June 2019, available at https://pubmed.ncbi.nlm.nih.gov/30638674/.

[3] When used against a viral agent, the filters are capable of extended use when cleaned per CDC guidelines. *See* https://www.cdc.gov/coronavirus/2019-ncov/hcp/elastomeric-respirators-strategy/index.html.

[4] Another study of interest is the Baracco study, *Comparative Cost of Stockpiling Various Types of Respiratory Protective Devices to Protect the Health Care Workforce During an Influenza Pandemic*, Baracco, et al, Cambridge University Press, 2015 (abstract at: https://doi.org/10.1017/dmp.2015.12) (the "Baracco Study"). Published after Ebola, the Baracco Study calculates the number and types of respiratory protection devices that should be

A recent study published in the Journal of the American College of Surgeons documents Allegheny Health Network's experience using elastomeric respirators in their pandemic response.[5] AHN employed elastomeric respirators during the early days of the pandemic, reducing their reliance on disposable product 95%, at 10 times less cost per month. This study details the efforts and conclusions of AHN in operationalizing an elastomeric program, which they concluded was no more burdensome for a healthcare system than maintaining an N95 program. A link to the abstract is provided in the footnote below.

We are grateful for your consideration of these important emergency preparedness issues for New York's healthcare workers. Thank you for your consideration.

Respectfully,

Stephanie L . Sciullo

Vice President & CLO, External Affairs

stockpiled, as well as the estimated range of costs of purchase and storage. This model estimated that during a severe pandemic, for every 1 million members of the population more than 6 million single-use N95 respirators will be required, whereas the same population can be served by providing 10,600 elastomerics to that region's healthcare workers (a ratio of 1 to over 550). In our experience, Baracco's study presents a conservative reuse ratio. This study also calculates storage and warehousing costs for the same comparative volumes. For the specified required volumes above, the Baracco study calculates storage costs to be $200,000 a year for N95s, and $5,000 a year for elastomeric respirators.

[5] Implementation of an Elastomeric Mask Program as a Strategy to Eliminate Disposable N95 Mask Use and Resterilization: Results from a Large Academic Medical Center - ScienceDirect

Testimony
New York City Council Committee on Hospitals- March 22, 2021
By Ralph Palladino, 2nd Vice President Clerical Administrative Employees, Local 1549

The Coronavirus spread and Influenza epidemic are reminders that a strong public health system is needed in this city and country. The human cost in lives and economic ripples the virus attack has, still is and likely will be causing for a while, proves this. We need an expansion of public programs at all levels of government. It certainly makes no sense to be proposing cutting public health programs as is being proposed by the state government.

The city administration has done an excellent job of supporting the New York City Health and Hospitals (NYC H+H) the past four years and must continue to do so. We are lucky in New York City to have a strong public health system. The New York City Health and Hospitals has improved on its access and serving the communities in New York in the last couple of years and has stepped up big time in this crisis. All thanks to the Mayor for instituting the NYC Cares and increased tax levy funding, the leadership at NYC H+H of Dr. Katz and the dedicated, hard-working staff of the health facilities and Metro Plus HMO.

The NYC H+H administration has been open to dialogue and suggestions from Local 1549. They have included the clerical staff in meetings with all other employees. We feel we are part of a team.

It is a shame that we must fight budget cuts to the system every year. This year though with infusion of stimulus funding from Washington and the Invest in New York movement that demands revenue raising from those who have had their taxes reduced the past forty years should be paying their fair share, that we can increase spending on this great public system, clear out the problems and expand!

As the pandemic winds down and visits to healthcare facilities increase there is a threat that the issues of long waits for visits could easily crop up again. We cannot make too many judgements about improvements until more “normal” times come back.

Issues needing improve

Local 1549 leadership and staff have been working with Dr. Katz to improve the system. There are areas of concern that we have concerning contracting out of staff positions to private agencies that are now being alleviated somewhat. The overuse of private temp agencies can lead to HIPPA violations. The quality of work and excessive absenteeism is better controlled by hiring and utilizing staff and not contracting out.

There is a severe shortage of frontline clerical staff. In most hospitals Inpatient Units lack any clerical staffing on Tours 1 or 3. On tour one some clericals cover four Units instead of the one they did before. Others cover multiple floors. This means either servicing is not provided or that the professional and medical staff must perform those duties instead of just their own caring for patients directly.

Some Emergency Rooms and Ambulatory Care clinics also report shortages. Phone contact with units in Inpatient and Outpatient are still problematic for patients.

Issue still exists the Attending MDs not signing off on Ambulatory Care visits by patients. The hospital loses funding when they do not.

On the positive side

On the positive side the clinic appointment system has improved. If a patient needs an appointment but one is not available on the computer a patient request is sent to the medical staff to evaluate the need for faster appointments. The clerical staff then calls the patients back to inform them of the decision or alternatives.

Most institutions are using our Patient Representative titles for face-to-face interpretation. This is good and leading to higher quality. Much more needs to be done. The city needs to utilize the civil service Interpreter Title whose duties include interpretation of documents and community work. They can be utilized to assist those who need help with English to fill out applications for health insurance, SNAP benefits, and for all other social service needs. They can translate documents and face to face with medical staff and patients. This is the best for of interpretation. This is especially true for people from Asian countries. The New York Immigration Coalition documented this in a study done several years ago. This title's utilization will guarantee was well trained, consistent, and decently paid workforce that will help improve patient access.

The Client Navigator title which can be utilized for interpreter servicing but has rarely been used, has been utilized more. This title's job description is more broad-banded, and they can disseminate valuable information to patients while being able to handle routine clerical tasks.

Some the problems that H+H has with being able to provide these services and reducing private contracting are finance related. The H+H has been working with Local 1549 to reduce the inequities in pay for various title levels. This too is a finance issue.

Having employees provide the interpretation and language access is better than outside contracting. The staff is in the facility, knows the institution and is trained in medical terminology. There is better quality control and less of a chance for HIPPA violations.

We hope to report next year and hopefully sooner that these issues have been resolved.

The immediate threat to public health

Medicaid rates currently underfund each patient visit costs by roughly $100. The system cannot take further cuts. Rates should be increased.

More funding in this state is needed for public health and non-profits who treat the indigent and uninsured population. Medicaid payments to huge private non-profit healthcare systems who only marginally treat those in neediest, at the expense of the medical institutions public and private who mainly take care of the indigent, is unfair.

The Global Cap that has forced public and other safety net institutions to cut staffing and servicing because of their low administrative overhead
(1 to 3%), must be eliminate. Private non-profits have the means to absorb the effects of the Cap (20% or more administrative overhead), that safety net institutions do not.

The alternative to cuts to is to fully implement the legislatives proposals to tax the rich to raise revenues. Corporations that pay little or nothing in taxes must pay their fair share. The Invest in New York Program that raises state revenues should be implemented.

PLEASE SEE OUR ADDENDUM BELOW THAT IS FOCUSED ON CONCERNS OF OVER DOING TELECOMUNICATIONS

What we need from the city and City Council

- The city must continue to commit to supporting NYC H+H.
- This week the entire City Council must continue to pressure state government officials and representatives forcefully not to cut Medicaid rates and programs and to reject the

state government proposed cost shifting of Indigenous Care Pool (ICP) funding from the state to the city.

- The Global Cap must end.
- Medicaid dollars should follow where Medicaid patients are. It must be made clear to Albany that NYC H+H must get its fair share of funding. Medicaid and the indigent dollars must follow where these patients are treated. To that end the Gottfried/Rivera legislation must be supported that helps guarantee this.
- Support the Invest in New York Program. We need fair taxation.
- First Responder and Essential Workers bonus pay funding that the city will receive through the Stimulus Package just passed in Washington should be used for what it is intended for. The payment should also include clerical and administrative personnel on the front lines in Emergency Rooms, COVID clinics, Ambulatory Care, Intensive Care Units and elsewhere that the public interacts with those workers.
- Insist that the city utilize the civil service Interpreter Title to improve access and the quality of care for patients

Addendum

1-TeleMedicine Issue. Telemedicine is an aid no doubt. But has its limitations. It should not be replacement for in person interaction with the medical staff.

As a patient who used Telecommunication for my Primary Care and Specialty Appointments, I have to say that NYC H+H must be careful about overusing this service. It does have its merit at times. But from what I heard the medical staff present at the hearing it seems they are not speaking from the patients' point of view.

My Dermatology and Asthma clinical visits were a waste of time. The Asthma appointment was phoned in 3 hours later than it should have been. That said the MD could not have been able to listen to my breathing and lungs since it was not in person. For Dermatology, the visit was totally useless. They must look at my whole body and then do so with an Attending. All we had was a conversation that I got billed for.

My Primary Care visit was better. We discussed things. However, she was not able to give me a proper Blood Pressure test. Every time I go to the clinic and have my blood pressure taken prior to seeing the MD and take my own pressure at home on a digital machine I get higher ratings than when my Primary Care MD gets. She also can listen to my heart and lungs. She cannot when telecommunicating.

As for My Chart- I like it and my Primary Care MD always monitors and gets back to me. However, I do not seem to be able to communicate with my Asthma MD. I reported this last year in testimony and on My Chart. But this has not changed.

I cannot delete things from My Chart that are not patient care related. I also find it difficult to have discussions on it rather than just make requests.

State Budget Cuts Cripple Safety Net Hospitals

- **March 12, 2021 Labor Press – NY Daily News**
- **Ralph Palladino, 2nd VP Local 1549 DC 37 AFSCME**

Fired up healthcare workers rally against short staffing outside Maimonides Medical Center back in 2017. Today, new budget cuts are threatening more New York hospitals.

New York, NY – New York State is facing a $30 billion budget gap that must be closed in the upcoming 2022 budget. The administration is proposing budget cuts — $600 millions of which are from Medicaid. These cuts will hurt the poorest communities of the city and state the most. Thousands of healthcare jobs are at stake. The stimulus package will cover only part of the state budget gap and cuts will still be on the table. New York City's public health system, NYC Health + Hospitals (H+H), plays a central role in these communities saving lives and providing decent jobs. This, in turn, helps keep local economies alive. It has been documented that every dollar spent on Medicaid generates two dollars in economic activity. This also means increased tax revenues for local and state government.

The heroic healthcare workers who also live in the communities they serve have been on the front lines risking their lives in the COVID fight. Many have contracted

COVID, and some have died. They helped save 8,000 COVID patients' lives in H+H facilities. The New York City H+H network is still a center for COVID testing, vaccinations and follow up care. Still, NYC H+H is $1.3 billion under-funded now due to the COVID crisis. The state budget passed last April, cut another $100 million from its budget.

More Budget Cuts Will Be Deadly

For years, the state has shortchanged public and other "safety net" hospitals in favor of the big non-profit networks that act like for-profits. Medicaid and uninsured patients, including immigrants, are mostly served by safety net institutions. Yet, the lion's share of Medicaid and Indigenous Care (ICP) funding goes to the "Healthcare Empires."

These non-profit Healthcare Empires CEO's and top administrators earn millions of dollars. They operate more than a 20% administrative overhead. The NYC H+H and its' Metro Plus HMO operate with a 1% to 3% administrative overhead. This makes it impossible for all safety net hospitals to be able to absorb cuts. It means layoffs of staff and reduced patient services.

More cuts will hurt communities of color the most. Severely underfunded public and private safety net hospitals had three times more COVID-19 related fatalities than others. This will mean healthcare services and jobs will be lost where they are needed the most.

The low Medicaid Cap imposed by the state a few years ago, meant that the safety net hospitals had to endure the largest cuts. Now, the state is proposing $600 million more in Medicaid rate cuts. These rates already underfund the cost of care by over $100 per patient visit.

The state has proposed ending its 50% responsibility shared with the federal government for payment into the ICP and shifting it to local governments. In New York City, the 2022 budget is already proposed at a $5.25 billion deficit. It would be impossible for the city to take on this added burden. There likely would be more cuts to safety net hospitals or deeper cuts in other valuable services.

Invest in New York

The Invest in New York Program is an alternative to cuts. It is the most comprehensive proposal for increasing state revenues. Unions have lined up in support of its main proposal — increasing taxes on the rich.

The rich can afford to pay more in taxes. In New York, billionaires have increased their wealth by $87 billion since the pandemic begin. The head of Amazon spent $18 million and added two more floors to his $80 million Manhattan penthouse. The head of Goldman Sachs got a 20% raise last March, and now makes almost $28 million a year! No polling exists that shows the rich leave states because of local taxes. A Stanford study stated, "…there is little systematic evidence about elite mobility…. of tax flight among millionaires."

Generating revenues and not budget cuts will help rebuild our economy and save our safety net healthcare institutions. Invest in New York!

Clerical-Administrative Local 1549 DC 37 AFSCME

15,000 tax paying Members and Union Strong

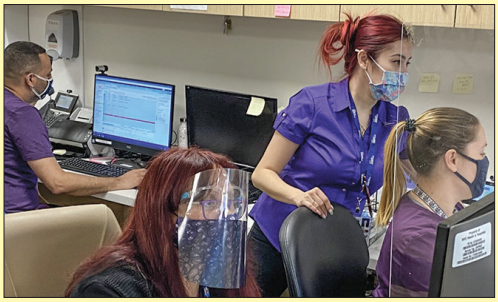
We Help Make the City Run!

Thanking Our First Responders and Essential Workers during the COVID Crisis.

Fighting for proper and fair state funding for Medicaid and public hospitals–NYC Health and Hospitals.

Support the Invest in New York Coalition Proposals.

Our Frontline Member Healthcare Workers are Everyday Heroes



Melissa Tirado *Client Navigator, NCB Bronx COVID Clinic*

"We are the first to see patients face to face. We work in COVID Clinics, ICU, ER, Outpatient Clinics, Inpatient Units, Admitting, Cashiering, Financial Counselling. We generate patients' medical records and generate income for the hospitals."

Deborah Diggs *Clerical Associate, Elmhurst Hospital Queens Ambulatory Care*

"At Elmhurst, we were in the epicenter of the pandemic and saw the fear and pain of our patients up close. We feared for our own health and safety, but we never stopped serving."

Martha Boxill *Clerical Associate, Gotham Clinic Staten Island COVID*

"We register the patients for COVID testing and vaccines. We spend up to 20 minutes doing this face to face with patients."

Our other Essential Workers also deserve our support, thanks, recognition, and respect!

We are:

- NYPD 911 dispatchers and supervisors
- 311 Call Center Representatives
- SNAP Eligibility Specialists, Dept of Social Services
- City Payroll

Eddie Rodriguez
President

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Executive V.P.

2nd Vice President, **Ralph Palladino**
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and the entire **Executive Board**

1549 LOCAL
NYC CLERICAL ADMINISTRATIVE EMPLOYEES
DC 37 • AFSCME • AFL-CIO

For the record, I'm HP, a World War II veteran and director of UMEWE a veteran organization representing 12,000 veterans attending colleges in NY city.

My sole mission for the last 4 years was to get the MTA to charge veterans the same price as seniors. 3 years ago you approved giving veterans attending college a 50% discount .

Unfortunately after 3 years, of the 12,000 eligible veterans only 700 have received discounted fares.Because of restrictions imposed by the Mayor. So we decided to do something about it.

3 bills were created in the state legislature which **enable all veterans** to purchase discounted fares.The bills stipulate, the money will be supplied by the State and can only be used for a Veterans Discount.

Sadly though supported by the public and a majority of the legislature. They have languished in committees. Why lack of money and a commitment to fund them.

The American Relief Act is supplying the State and MTA with billions of Dollars. It is estimated it would take as little as 2 cents from every fare to fund a veterans discount. Yet the Governor and the MTA have not taken any action to pass the Bills.

Veterans need help; they are vital to our economy. We have lost 25-35% of our veterans over the last ten years, because of housing and transportation costs.

So Pat Foye the Governor as well as the mayor. My brother and sister veterans ask.

Give meaning to the Words " Thank you for your Service " Do the right thing. Stop making us pay full fare.

Testimonial – Dr. Anu Anandaraja, Covid Courage
For Committee on Hospitals Preliminary Budget Hearing, March 22, 2021

Thank you to the Committee on Hospitals, Chair Rivera, Committee Members, and all who have worked so hard throughout the unprecedented events of the past year.

I am a pediatrician, public health doc, and currently employed as a vaccinator in East New York. I am speaking today as the co-founder and director of Covid Courage, a not-for-profit organization established in March 2020 to provide PPE to hard hit hospitals during the COVID surge. Although our initial work was in procuring and distributing N95s, by April 2020 we were receiving requests from nurses and doctors across the city for elastomeric respirator masks. We have now been working for several months with the New York State Nurses Association and the office of the Public Advocate to raise awareness about reusable masks and to facilitate their adoption in health systems across NYC.

PPE was and continues to be an extremely important component of the COVID response. Although attention has recently been consumed by public vaccination efforts and hospital staffing issues, we urge Committees for Health and Hospitals not to overlook the ongoing need to adequately address PPE issues for healthcare employees and the public, especially as our city faces the influx of new COVID variants, some of which threaten our vaccination strategy and overall attempts to achieve herd immunity. Also, from my own experience as a healthcare worker and the experiences of my colleagues, the lack of adequate PPE is a major mental health and labor issue – anxiety, burn out, and high staff turnover is significantly influenced by our perceived safety in the workplace and our ability to trust that our employer is committed to protecting us. So PPE is a labor and mental health issue as well as a safety and infection control one. This is demonstrated in a recent Canadian study which demonstrated that anxiety and depression were highest among workers whose perceived PPE needs were not met.

Elastomeric respirators are securely-fitting, advanced air-filtering respirators many of which are approved by NIOSH, recommended by CDC for use against SARS-CoV-2, and currently authorized by the FDA under an Emergency Use Authorization for use in healthcare settings against COVID-19. They are reusable, durable, cleanable, masks made of silicon or plastic, which take replaceable filters of N95 level or even higher. These masks provide N95 level or greater protection, and unlike traditional disposable N95s they can be used day after day, indefinitely. Because elastomeric respirators can be reused, one elastomeric respirator can do the work of thousands of disposable N95 masks.

Many of the currently available elastomeric models are produced by well-established companies such as 3M, Honeywell, MSA etc. These were originally intended for industrial use and are therefore understandably very robust. In the last year, several manufacturing companies have begun producing elastomeric models that are specifically designed for healthcare or public use, and also meet N95 testing

requirements. MSA's 290 half facepiece respirator (press release) and Envomask, a reusable N95 (product description) are two examples.

We are advocating for the widespread adoption of reusable elastomeric respirator masks for NYC healthcare workers. Several health systems across the country have already implemented elastomerics in their hospitals – including Kaiser, which is outfitting 80,000 of their healthcare workers with elastomerics, Allegheny Health Network in Pittsburgh which implemented a 7000 mask system across their multiple hospitals, and the Texas Medical Center which has been using elastomerics for many years prior to CoVID in their infectious disease units.

In NYC, NYU Langone and the Bronx VA both have elastomeric programs in place. In addition, Covid Courage has worked with The Brooklyn Hospital Center and Center Light Health to implement elastomeric programs which now protect all of their frontline healthcare workers.

What does an elastomeric program look like?
There are different strategies for implementation, but in the most frequently used scenario every single worker is fit tested for the right size mask using already-established N95 fit-testing processes and then issued their own mask, plus a set of filters and back up filters. Employees are provided instructions for cleaning and disinfection (which can be effectively accomplished with soap and water or standard cleaning solutions and disinfecting wipes). The employee owns this piece of equipment, and takes responsibility for it, like any other piece of equipment, for instance their stethoscope. The worker now has a piece of high quality, high level respiratory protection that will protect them against airborne infectious disease every single day – against COVID-19 and every emerging variant, against SARS, against Ebola, against multi-drug resistant TB, against whatever comes next. Treated well, this piece of equipment will last many years, requiring only periodic changing of the filters. The worker is no longer dependent on the disposable PPE market for their protection, they do not have to come into work wondering whether they will receive an N95 in their size that day, they do not have to worry that they are going to be asked to wear a reprocessed mask or be asked to extend the use of a disposable mask by yet another shift.

When we first brought these masks to the attention of NYCs major healthcare systems and the NYC DOH they expressed concern about the "operationalization" of elastomerics within a system used to disposables. Some of their concerns related to:

1. cleaning and disinfection
2. fit testing
3. exhalation valve
4. ease of communication
5. scaring our patients

In our experience and the experience of health systems that have implemented elastomerics, these are not significant barriers.

As stated, cleaning and disinfection can be undertaken simply and effectively by the wearer of the mask using readily available cleaning and disinfecting products.
Fit testing is carried out using the same process as fit testing for disposable N95s, and therefore does not require hospitals to invest in additional training, equipment or processes. Also once someone is fit tested for their elastomeric, that is it, unlike for disposables when fit testing has to be carried out anew every time a new brand or model of mask is introduced.
The presence of an exhalation valve caused a lot of concern because of the chance that a mask wearer who is covid positive could transmit viral particles into the environment through this unfiltered valve. However, studies, like this one from CDC, have shown that due to the chambered and downward facing valve, the chance of spread of infectious droplets is low, moreover a surgical mask can be work over the mask to cover the valve if needed, and lastly, new models are now available that do not have an exhalation valve at all.
Similarly, although communication can be more difficult and take more effort in the larger, bulkier masks, newer models provide easier communication, and some also feature a communication diaphragm.
In terms of scaring our patients, evaluations to date have not borne out this fear – in the early days of the pandemic, healthcare workers wearing heavy duty masks was thought to convey an undue sense of danger to patients entering the hospital for care – at this point in the history of the pandemic in New York, our general patient population is reassured rather than scared by the presence of adequately protected healthcare workers. I myself wear an elastomeric to work in a vaccination site in East New York and have had nothing but positive comments about my choice of protective gear from those I am vaccinating and working with.

Detailed recommendations on the implementation and use of elastomerics in healthcare settings are available in the National Academies of Science, Engineering and Medicine report: "Reusable Elastomeric Respirators in Health Care: Considerations for Routine and Surge Use" (2019).

How much will this cost?
Current prices for NIOSH-certified N95s range from $2.50 for order of 500k and greater, and up to $5 per mask for smaller orders – for many healthcare facilities these prices are prohibitory and are resulting in ongoing rationing of N95s. In addition, although the availability of N95s is much less critical than it was a few months ago, facilities still struggle to obtain timely deliveries of the specific models and sizes needed for their healthcare worker population.
The transition to elastomerics can represent significant potential savings.
An MSA basic mask with two P100 filters can be obtained for approximately $20. More advanced models with source control or communications enhancements, are available for approximately $40. The breakeven of providing a healthcare worker with an elastomeric mask happens within a week or even less time, compared to the ongoing replacement of disposable N95s.

Importantly, the addition of elastomeric reusable respirators to a hospital's PPE strategy also frees up available disposable N95s for re-distribution and can allow elimination of rationing and extended-use protocols, providing greater respiratory protection to a wider cohort of healthcare workers.

Allegheny Health Network in Pittsburgh implemented an extensive elastomeric program in early 2020 and reported in an article in the Journal of the American College of Surgeons that they reduced their N95 usage by 95% within months of implementing the program, with a 10x reduction in cost. The conclusions of AHN overall were that it was no more burdensome to operationalize an elastomeric program than to maintain an N95 program.

Another important consideration is the impact of disposable medical waste to our environment. Even one healthcare worker consistently using a reusable mask would eliminate the use and disposal of hundreds if not thousands of disposable masks into our environment, whether that is as toxic fumes from the incineration of these plastic-based masks, or their presence in our landfills for centuries to come.

In addition, there are significant advantages to the inclusion of elastomerics in stockpiling strategies.

Stockpiling enough N95s for the beginning days of a pandemic requires huge volumes in storage. It also incurs warehousing and maintenance costs and requires careful quality control and product rotation schedules because N95s expire. On the other hand elastomeric respirators and their associated filters have been found to maintain proper form, fit and function after more than a decade of storage, when stored in proper conditions. This is a very important consideration for both the city, but also for private hospital stockpiles. If NY requires hospitals to stockpile respirators to ensure preparedness, stockpiling elastomeric respirators rather than N95s is significantly more cost effective and less burdensome.

In the fall of 2020, the DOH estimated that 13.5 million N95 masks were needed to be stockpiled to provide a 90 day reserve. Many of us felt that was a low estimate. Regardless, using a conservative price of $3 per disposable N95 mask, procuring 13.5 million masks would cost $40 million – and would provide only a 90 day supply that would end up in the garbage. Alternately, $40 million could purchase 1 million reusable masks that could be used for years. 1 million reusable masks would cover not only every healthcare worker, but almost every essential worker of any kind in the city. The reusable masks could be stockpiled after use, in readiness for the next pandemic. The overall savings in money, human energy and resources would be astronomical.

Elastomeric respirators represent the opportunity to provide all healthcare workers with consistent, reliable, N95 level protection, every day, for the duration of this pandemic and beyond.

This comes down to an issue of EQUITY – high quality respiratory protection should not be available only to those in well funded hospitals in rich neighborhoods that can afford to order and stockpile large amounts of disposable N95.

NIOSH is currently working with healthcare facilities across the country to conduct elastomeric pilot programs in order to develop best practice in use of elastomerics. We understand that a call for interest in this project garnered more than 90 submissions from healthcare facilities eager to start or expand an existing elastomeric program.

We hope that the Committee on Hospitals will take the lead in this movement by introducing elastomeric masks into NYC healthcare facilities as soon as possible. Elastomeric respirators represent the opportunity to provide all healthcare workers with consistent, reliable, N95 level protection, every day, for the duration of this pandemic and beyond. This comes down to an issue of EQUITY – high quality respiratory protection should not be available only to those in well funded hospitals in rich neighborhoods that can afford to order and stockpile large amounts of disposable N95.

We respectfully ask the Committee for Hospitals to commit to the sustainable, equitable protection of the NYC healthcare workforce by supporting the integration of reusable elastomeric respirators into NYC through budget allocations that would:
- make elastomerics available for all frontline healthcare workers at H+H acute care facilities and skilled nursing facilities, and in NYC correctional facilities
- support other NYC hospitals to transition to reusable respirators
- include elastomerics in city level procurement and stockpiling plans
as well as advocating at state and city level to support local industry to manufacture elastomeric masks in New York State.

We thank you for your ongoing work to keep our city safe and healthy.

Natasha Anushri Anandaraja MD, MPH
on behalf of
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Chinese-American Planning Council, Inc.

Testimony at the New York City Council
Committee on Hospitals Hearing on the Preliminary Capital Commitment Plan 2021-2025
Honorable Carlina Rivera, Chair

March 22, 2021

Thank you for the opportunity to testify today. The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community-based organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities.

To that end, we are grateful to testify today about the disproportionate impact that COVID-19 is having on the communities we serve.

IMPACTS ON LOW-INCOME, IMMIGRANT AND ASIAN AMERICAN AND PACIFIC ISLANDER (AAPI) NEW YORKERS

During COVID-19, CPC continues to provide in person and remote services to our community, from meal delivery to home care to daily wellness checks. We see this impact in three main areas:

I. **Public Health and Health Access Impacts**
II. **Economic Impacts**
III. **Anti-Asian and anti-Asian American Discrimination**

I. Public Health and Health Access Impacts

The data we have seen on COVID shows what all of the organizations serving communities of color already knew, that our communities are being harder hit by COVID-19, a result of systemic inequalities in our healthcare system that long predate COVID-19, but are now being laid bare. However the data does not capture the experiences of community members in the shadows- immigrants, Limited English Proficient New Yorkers, the uninsured, and more. Some of the things our community members reported include:

- Community members that have symptoms consistent with COVID-19 refusing to seek medical care even when they need it because they do not have insurance or are worried about affording care, or because they are concerned that it will somehow impact their immigration status due to public charge;
- Community members that are limited English proficient (LEP) having inaccurate information or lacking up-to-date information about policies and best practices;
- Community members dying at home before they ever get testing or care;
- Community members unable to comply by social distancing rules because of overcrowded or insecure housing, and homeless community members having a complete lack of access to sanitation or hygiene.
- COVID-19 ripping through residential and nursing facilities, as well as shelters and jails, disproportionately hurting communities of color, low-income, immigrant and limited English proficient community members.

II. Economic Impacts

It goes without saying that the economic impacts and health impacts are inextricably related. Communities of color are both bearing the brunt of the economic hit, while simultaneous being forced to endanger ourselves while working on the front lines of this crisis. Unemployment claims by AAPIs have spiked 6,900%, by far the largest percentage increase experienced by any racial group and a larger percentage relative to AAPIs share of the labor force compared to other racial groups. Many more are not captured by the State's labor reports because of ineligibility for unemployment insurance. Some of the things our community members reported include:

- More than half of our community members surveyed reported that they are out of work or income, and will run out of money in the coming weeks;
- Many of our community members continue to work, either because they are essential workers or because they cannot afford to stop working since they are left out of Federal relief and State unemployment benefits;
- In one of our preschool families, 20 out of 24 families lost all income within two weeks, and less than half qualify for Federal relief or State unemployment, leaving them unable to pay rent, buy groceries or pay for prescriptions;
- Our young people reporting caring for their younger siblings while their parents work (and juggling remote learning simultaneously), and rationing their daily food intake because they are running out of food;
- Children and young adults in our youth programs, especially those in multi-generational families, have reported that due to cultural norms, their adult family members have kept the financial status of the family and/or health diagnosis of family members secret. This has contributed to acute spikes in mental health issues for our young people, some who have shared ideas of self harm with staff;
- Our homebound seniors unable to get food delivered through the City's meal program, or receiving inadequate meals- including two pieces of bread and two pats of butter as a meal, or meal boxes featuring items like pudding, fruit cups, crackers, cheerios, and applesauce as a five-day meal supply;

- CPC staff reported losing contact with community members as the economic fallout of the crisis continues. Many community members have terminated their internet or phone plans, causing families to be further isolated from our outreach efforts. While telecom providers have agreed to continue service if customers lapse in bill payment, community members are concerned about debt collection, building credit, fines, and impact on their immigration status, a fear that was already challenging prior to the crisis.

III. Anti-Asian and anti-Asian American Discrimination

Our Asian American, particularly East Asian community members are experiencing a double virus of discrimination and racism. Our community members have been experiencing:

- Verbal and physical harassment while traveling to work or running errands. This includes frontline healthcare and essential workers who have become increasingly scared of going to work.
- Fears of going outside or seeking treatment because of reports of harassment and violence against Asian Americans.

Yet while all of this happens, the State has been cutting funding to the very programs and social safety net programs that support these communities and help combat disproportionate health outcomes. Services like senior food programs, youth development, public health, education and workforce training, and others are experiencing more demand than ever before, yet instead of boosting funding to these programs, these programs are the first on the chopping block during the quarterly review.

KEY RECOMMENDATIONS

Community-based human services are more important than ever in addressing the disproportionate impacts of COVID-19 on communities of color. Our staff have been designated by the State as essential workers, yet we are on the front lines without adequate PPE, and many of us barely making minimum wage. We need to fully fund our essential workers, and fully fund these essential programs and safety net services. CPC urges the State to fully fund all services and contracts through at least FY21, and ensure that contracts have maximum flexibility to allow organizations to meet emerging and changing needs. Further, the State must resist pushing cuts down to localities, where an even greater number of human services contracts are provided through city and municipal governments.

We urge the State to prioritize an emergency relief package for workers, families, and the organizations that are responding to this crisis on the ground, and resist cuts to Medicaid and critical social services programs. We urge the State to suspend rent payments for residential and commercial tenants. We urge the State to pass the New York Health Act as a central part of recovery. And we urge the State to raise revenues rather than cutting services. Our key recommendations include:

I. **Defend Medicaid & Raise Revenue**
II. **Invest in Workers**
III. **Ensure Continuity in Human Services**
IV. **Protect Immigrant New Yorkers, Homeless New Yorkers and New Yorkers in Detention**
V. **Protect Tenants, Homeowners, and Small Businesses**

I. Defend Medicaid & Raise Revenue

- With a further fall in projected revenues, the Governor continues to push cuts to Medicaid to balance the budget. Medicaid cuts are indefensible, especially during a public health crisis. Insistence on the "global cap" has done nothing to support working New Yorkers to date, which has become even more evident during the response to COVID19. With the closure of all but essential services, a period of economic loss is inevitable. The State must ask if its willing to weigh temporary economic slowdown against the long-term public health and resiliency of average New Yorkers.
- Instead of Medicaid caps that would force localities to raise taxes on working New Yorkers displaced by COVID19, New York State must swiftly enact fair and just taxes on the ultra-wealthy and corporations, on pied-a-terre property investors, and stock trade and transfer sales taxes, and invest in the communities hardest hit by COVID-19.
- In addition to defending Medicaid, this crisis has shown the weaknesses of our fragmented healthcare system. We urge the State to prioritize the passage of the New York Health Act as central to the recovery.

II. Invest in Workers

- New York needs a worker stimulus and wage replacement bill to replace wages lost to date. Whether through forced closure or loss of business, New York must provide replacement for lost wages as well as plans to stimulate the workforce once the state recovers. This should happen regardless of immigration status.
- New York must provide a state relief plan for immigrants and families left out of federal stimulus, just as states like California have done to provide direct cash assistance to those who have gone without relief for the longest. ITIN filers and families with spouses without Social Security Numbers were left out of federal stimulus money, an exclusion that is even more severe than the Child Care and Dependent Credit extended to families with children who are American citizens.
- New York must use a higher percentage of its TANF funding on cash and basic assistance to protect needy families. Unspent TANF dollars are carried over year after year into rainy day funds or are redirected into other state services. As of 2018, New York has accumulated $547 million in unspent TANF block grant funds, the equivalent of 22% of what the state receives in TANF each year. The time for rainy day emergencies is now. Reserve TANF funds must be spent now to provide much needed basic assistance, childcare, and work support.

III. Ensure Continuity in Human Services Programming, Hazard Pay and PPE for Human Services Agencies

- Human services workers on the front line should be provided with adequate PPE and safe working conditions by the State. The State should be sourcing and covering the cost of this for contracted human services workers, yet we have been left to figure it out on our own. CPC and other agencies have been relying on donations of PPE for our staff since the State has not provided it.

- Human services organizations should be recognized as an essential part of the State's recovery plan and receive assurance that all of our State contracts and State discretionary funding will renew in FY21 so that we can continue our work. Additionally, contracted human services providers should be paid their full budgeted expenses through the end of the next fiscal year even if they are unable meet their contractual obligations due to this public health crisis. This ensures that they are able to provide emergency services and meet urgent needs of their community members, as well as ensures that a sizable workforce does not experience layoffs during a period of economic turmoil. Human services agencies should receive maximum contractual flexibility in FY21 to meet the evolving and urgent needs of the communities we serve.
- Given the expedited budget timeline, critical community and human services are at risk of being left behind, a move that would devastate New Yorkers who rely on these programs and services to advance their families and communities. We recommend that the State provide a one year extension for new and existing contracts to mitigate service disruption, especially contracts through Nutrition Outreach and Education Program (NOEP), the Office for New Americans (ONA), and the youth and afterschool programs through New York State Education Department (NYSED), as well as provide additional emergency funding to respond to COVID-19.
- All human services workers receive should receive pay reflective of our commitment and essential services to the City. This includes incentive pay, hazard pay, and annual cost of living adjustments. New York must ensure the "3for5" increase for nonprofits and direct services organizations, full funding of all contracts, and provide PPE and adequate supplies for all contracted agencies.
- Communities of color receive a disproportionately low share of funding and contracts. Asian American and Pacific Islander led organizations receive 1.5% of the funding at the City level and it is similar on the State level. The State must work to correct historic funding inequities that have systematically disadvantaged communities of color.

IV. Protect Immigrant New Yorkers, Homeless New Yorkers, and New Yorkers in Detention

- Data collection on everything to do with COVID-19 and its health and economic impacts must be disaggregated by race, ethnicity, ethnic sub-group, sex and age. It should also include collecting information on written and spoken language, disability status, gender identity, LGBTQIA identity, and socioeconomic status. Data collection should also be carried out in nursing homes, residential facilities, homeless shelters and other congregate settings, detention centers, and capture deaths at home or in the streets. The improvements to data must be extended to dissemination, and utilization to effectively lessen the growing health disparities in the COVID-19 pandemic in New York State. New York State must also pass the AAPI data disaggregation bill A00677/S3662.
- Require translation and interpretation support, as well as in-language hotlines for all information related to COVID-19, health care access, State policies and practices, information about changes to federal law, and benefits and resources.
- New York State must grant clemency, early parole, or home confinement to people incarcerated in jails and immigrant detention centers to mitigate the spread in confined spaces. As part of their release, New York must provide quarantine housing in empty hotels or dormitories to reduce community spread once detainees reunite with families.
- While the State shuts down nearly all its services, ICE agents continue to take advantage of disinformation and public distress to access to our courts and hospitals. New York must declare

all hospitals and courthouses off limits to ICE by passing the Protect Our Courts Act and declaring hospitals a sanctuary space. New York must also pass the Access to Representation Act.

- New York must ensure that all people experiencing homelessness have a safe place to social distance, for the duration of the crisis and beyond. We recommend utilizing private hotel rooms to offer a safe space for those experiencing homelessness, and paying for it at the government level.
- New York must ensure that all testing and treatment is free and accessible to all New Yorkers, regardless of immigration status. If New York implements any contact tracing programs, it should be done with the safety of all immigrants at the forefront, and involve community-based organizations in the process.

V. Protect Tenants, Homeowners, and Small Businesses

- New York must have a rent and mortgage suspension and moratorium on evictions, foreclosure sales, and utility shut offs, for tenants and small businesses alike, and extend the original terms of the eviction moratorium enacted at the start of the crisis. No New Yorker should go without heat or water or be left without a home because they missed payments due to lost wages. Similarly, the necessary curfews and shutdowns that mitigate the spread of COVID19 will mean a drastic loss of income for small business owners. Moratoriums should extend through the duration of the crisis and allow a period of recovery.
- No New Yorker should lose their home or livelihood because they are working together to flatten the curve and keep New York safe. The State should implement a rent and utilities abatement program for the individuals and small businesses hardest hit. Rent payments should be suspended or cancelled for the duration of the crisis, and should be done so universally so as to include people that would be left out of a means tested program, usually the most marginalized and hardest hit. We urge the State to pass S8125A/A10224 and S8190/A10318.
- New York State has led the way in protecting consumers from price gougers. However, many necessary preventative items like soap, hand sanitizer, and over the counter medications remain scarce and reflect a larger supply chain that is increasingly more complex and expensive for small and local businesses to navigate. New York must continue to pursue price gouging at the highest levels, including online reseller platforms that hurt local shops. Fines levied from price gouging should be directly invested back into emergency assistance programs for workers and small businesses.

CPC appreciates the opportunity to testify on these issues that so greatly impact the communities we serve, and look forward to working with you on them. If you have any questions, please contact Carlyn Cowen at ccowen@cpc-nyc.org.

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Appendix 1: Asian American and Pacific Islander (AAPI) Neighborhood Recovery Plan

Below is the full text of a letter that 30 AAPI groups co-authored and signed onto about key priorities for a just COVID-19 recovery.

We are a group of community based organizations representing the diverse Asian American and Pacific Islander (AAPI) community of New York City and partnering together to develop the AAPI Neighborhood Recovery Plan to ensure the long-term recovery of the individuals, families, small businesses, and institutions of our neighborhoods. The AAPI community is the fastest growing racial group in New York, making up 15% of the City and 10% of the State. While AAPIs have the highest rate of poverty in New York City, less than 1.5% of the City's human services contract dollars go to our community.

We remind New Yorkers that COVID-19 is a public health issue, not a racial, ethnic, or immigrant issue. Unfortunately, prior to the Governor's Executive Order to put New York State on PAUSE in late March, AAPI businesses were already struggling from COVID-19, threatening the livelihoods of workers and business owners since January. Unemployment claims by AAPIs have spiked 6,900%, by far the largest percentage increase experienced by any racial group. AAPI community members continue to report increased incidents of public assaults, harassment, and hate crimes. Despite these challenges, AAPIs are serving on the front lines, risking their own health as doctors, nurses, human services workers, early childhood teachers, grocers, delivery workers, and more.

While these are tough fiscal times, we call on the State and City to make smart investments that not only address the immediate need for economic relief but also revitalize neighborhood economies. We also call on the City and State to find equitable ways to raise revenue as opposed to focusing only on budget cuts. We offer the following recommendations – which should be implemented in combination – to ensure that while AAPI neighborhoods were the first to suffer, we will not be the last to recover.

Workers and Economic Security

- Invest in workforce training and placement, including a mass public employment program and private sector jobs
- Expand public benefits, including but not limited to SNAP, SCRIE, and Medicaid
- Support wage replacement for lost wages
- Enact a relief package targeted specifically at workers left out of federal relief, including but not limited to undocumented, gig workers, cash workers, and independent contractors
- Forgive all debt, including medical, loans, rent, utilities, and back taxes
- Provide direct cash assistance to low-income families, including broadband internet access, remote learning equipment, educational supplies, etc.
- Provide ongoing economic support for older adults, such as food, housing, and health care

- Enhance funding for adult literacy, adult education, bridge programs, and other workforce development services
- Extend H1B visas to support businesses to continue employing graduate level workers

Community Based Organizations

- Include AAPI neighborhood leaders in recovery task forces being formed
- Target funding to address anti-Asian discrimination and harassment
- Ensure full funding of FY20 and FY21 City contracts and City Council discretionary funding, modifying requirements and reimbursing COVID-19 costs
- Provide additional funding for recovery grants to address emerging needs and additional services
- Restore funding for summer programming, including the Summer Youth Employment Program, Beacon Centers, COMPASS, SONYC, Cornerstone, and summer camps
- Support food banks and feeding programs that provide culturally appropriate meals
- Increase funding for community based organizations to purchase equipment, including computers, laptops, and tablets, for clients and students to use

Small Businesses

- Designate AAPI neighborhoods as economic distressed zones that should be targeted for investment and support similar to “opportunity zones”
- Waive sanitation tickets and other fines, penalties, and fees
- Implement mortgage, business, and property tax abatements/tax holidays
- Provide small business grants for reopening and rehiring
- Provide rental support for small businesses
- Invest in a stimulus fund to support M/WBEs and to start-up new businesses

Housing and Neighborhood Affordability

- Extend eviction moratorium and enact good cause eviction
- Institute a rent freeze for individuals and families who cannot afford rent, including NYCHA
- Provide rent supports/subsidies for families impacted by COVID-19 job loss
- Provide small capital grants or low interest loans to small residential landlords for necessary repairs and upkeep to their properties
- Invest in community land trusts in AAPI neighborhoods
- Provide subsidies for commercial tenants that cannot afford rent, especially in mixed-use buildings

Public Health and Health Care

- Provide free COVID-19 testing for all
- Invest in public and neighborhood based outreach about health safety precautions on reopening and prevention of relapse
- Provide health care access for undocumented and low-income individuals and families as well as individuals who have lost jobs

- Invest in comprehensive mental health support to address COVID-19 related trauma and anti-Asian stigma
- Increase reimbursement rates and investments in Federally Qualified Health Centers
- Enhance funding for public hospitals

Digital and Language Access

- Reopen public libraries to provide digital access
- Expand broadband access to digitally isolated communities
- Provide digital devices (smart phones, tablets, and computers) for individuals and families without digital access
- Invest in digital skills training for adults
- Invest in high-quality translated information, including dedicated hotlines for top languages, focusing on all relief and recovery opportunities
- Translate all government and COVID-19 related websites into top languages, using the Google extension for translation if necessary

Sincerely,

Academy of Medical & Public Health Services

Adhikaar Apex for Youth

Asian Americans for Equality

Brooklyn Chinese-American Association

Charles B. Wang Community Health Center

Chen Dance Center

Chhaya CDC

Chinatown Manpower Project

Chinatown YMCA

Chinese Methodist Center Corporation

Chinese Progressive Association

Chinese-American Planning Council

Coalition for Asian American Children and Families

Council of People's Organization

Desis Rising Up and Moving

Immigrant Social Services

Flushing YMCA

Hamilton-Madison House

Korean American Family Service Center

Korean Community Services of Metropolitan NY

Mekong

MinKwon Center for Community Action

Museum of Chinese in America

Sakhi for South Asian Women

South Asian Council for Social Services

South Asian Youth Action

United East Athletics Association

Womankind

YMCA of Greater NY