CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON HOSPITALS

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HELD AT: Remote Hearing, Virtual Room 3

B E F O R E: Carlina Rivera
Chairperson

COUNCIL MEMBERS: Carlina Rivera
Diana Ayala
Mathieu Eugene
Mark Levine
Alan Maisel
Francisco P. Moya
Antonio Reynoso
Helen K. Rosenthal

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

John Ulberg
Senior Vice President and Chief Financial Officer
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Patricia Yang
Senior Vice President for Correctional Health Services
New York City Health and Hospitals

Carmen Charles

Anne Bove

Ralph Palladino

Natasha Anu Anadaraja

Steven Ciotti Miller

Mohamed Shajahan

Hallie Yee

Maryam Mohammed-Miller

Robin Vitale

Kevin Collins

SERGEANT AT ARMS: Sergeant Polite, will you start the cloud recording?

SERGEANT AT ARMS POLITE: Recording to the cloud all set.

SERGEANT AT ARMS: Backup is rolling.

SERGEANT AT ARMS: Sergeant Polite, will you give us the opening please?

SERGEANT AT ARMS POLITE: Thank you. Good morning and welcome to the remote hearing on Hospitals. Will council members and staff please turn on their video at this time. Once again, will council members and staff please turn on their video at this time. Thank you. To minimize disruptions, please place all cell phones and electronics to vibrate. You may send your testimony to testimony@council.nyc.gov. Once again, that's testimony@council.nyc.gov. Chair Rivera, we are ready to begin.

CHAIRPERSON RIVERA: [gavel] Good morning, everyone. I'm Council Member Carlina Rivera, chair of the Committee on Hospitals, and I want to start by thanking everyone present today. Many, many thanks to everyone who made this, ah, committee possible. Just checking. I know we'll be joined by some of my

colleagues later on, but for the sake of time to honor everyone's schedule I would like to start right away. Good morning. I'm Councilwoman Carlina Rivera, chair of the Committee on Health at the New York City Council. I want to thank the representatives from Health and Hospitals and members of the public who are here this morning. And I want to thank our committee staff for supporting the work of this hearing. At today's preliminary budget hearing we will examine the fiscal 2022 preliminary plan, the fiscal 2022 to 2025 preliminary capital budget, fiscal 2021 to 2025 preliminary capital commit plan, and fiscal 2022 to 2031 preliminary 10-year capital strategy, and the fiscal 2021 preliminary Mayor's Management Report for New York City Health and Hospitals. As we gather here today, nearly 13 months since the first reported case of COVID-19 in New York City, we cannot help but reflect on the toll that the pandemic has exacted on our city and on our country and worldwide over the course of year truly like no other. To date, COVID-19 has claimed the lives of over 30,000 people, our loved ones, our neighbors, our coworkers, all in the city. COVID-19 has disproportionately killed, hospitalized,

and infected black and brown New Yorkers, and our city continues to grapple with stark racial disparities in COVID-19 vaccinations, an unconscionable outcome that concerns this committee, my colleagues across the council, and our community and health advocates. And throughout this past year the efforts of New York City Health and Hospitals have been at the center of the city's response, providing life-saving care, testing, treatment, and vaccinations to thousands of New Yorkers, whether it was at Elmhurst, Woodhull, Jacobi, Bellevue, or beyond. As my colleagues and I hold this hearing, we need to think about how COVID-19 has changed how we plan for and invest in our public health infrastructure, particularly our public hospital system. When I chaired my first budget hearing four years ago, H&H was setting out on a new plan to financially stabilize the largest public hospital system in the United States while avoiding layoffs and improving care. Those efforts under Dr. Mitch Katz showed H&H shrink its budget gap, make key investments, and expand its patient pool. The overall condition of Health and Hospitals' operating budget today entails revenues of 8.8 billion and

expenses of 9.1 billion, inclusive of revenue-generating and expense-reducing strategic initiatives, for a loss of nearly 295 million in fiscal year 2022. While I certainly look to hear updates on the efforts Dr. Katz laid out in 2018, I think it is just as important to examine how COVID is changing that plan and the mission of H&H going forward. For example, federal support totaling 5.74 million and CDC epidemiology laboratory capacity, ELC, funding supported the creation of the Test and Trace Corps, a critical tenet of the city's COVID response, and as we look towards a post-COVID world H&H has invested approximately 86.7 million in capital funding across a five-year preliminary capital commit plan for three COVID-19 Centers of Excellent to treat long-haul COVID symptoms. At the same time, the impact of the pandemic on patient utilization led to an associated loss of 125 million to Medicaid revenues in fiscal 2021. What is clear is that in times of both normalcy as well as crisis, H&H is not just a safety net for the city, but can be and often is a leader in our response to the city's most pressing health challenges. I believe that H&H must recommit itself to ensuring any transformation

prioritizes the preservation of ambulatory and inpatient beds and services instead of the revenue generation that more and more voluntary healthcare systems are pursuing as they downsize their hospitals, expand outpatient care and treatment, and leave communities without access to the services that they need. In order for this committee to advocate effectively for that kind of forward-thinking and innovative public hospitals system, particularly one navigating the financial and patient care access and quality implications of the COVID-19 pandemic, we must put an end to the disappointing lack of publically reviewable financial data that H&H provides to this council and advocates. I call on the city and Health and Hospitals, as I have in the years past, to exercise greater public transparency with respect to its budget, including, but not limited to, the system's head count, the Test and Trace Corps, Correctional Health Services, and, most importantly, the uses of city dollars provided to close the H&H budget gap each year. We know to better, we know that this allows us to better understand the hospital system's operational needs and ultimately to better serve the core communities,

especially Medicaid and uninsured patients, to which Health and Hospitals has historically devoted itself. Finally, let me now just discuss a matter of critical public health and moral import. We stand here today to unequivocally condemn racially motivated violence directed towards Asian American individuals in communities across the United States. And yes, right here in New York City. Hate has no place in our city. As members of council's Committee on Hospitals, we are ready to coordinate with our partners at Health and Hospitals, the Department of Health and Mental Hygiene, City Hall, and among our community-based organizations in vigorously responding to the wave of violent hate crimes against Asian Americans. Thank you, and I would like to acknowledge any of my colleagues on the Hospital's committee who are here today. And I will actually allow, um, I will turn it over to our committee counsel and moderator of today's hearing, Harbani Ahuja, to administer the oaths, and make those acknowledgements. Thank you all for being here today.

COMMITTEE COUNSEL: Thank you, Chair Rivera. Um, I'd like to recognize that council

members Rosenthal, Ayala, and Moya are present. Um, my name is Harbani Ahuja and I'm counsel to the Committee on Hospitals for the New York City Council. Before we begin, I want to remind everyone that you will be on mute until you are called on to testify, at which point you will be unmuted by the host. I will be calling on panelists to testify. Please listen for your name to be called, I will be periodically announcing who the next panelist will be. For everyone testify today, please note that there may be a few seconds of delay before you are unmuted, and we thank you in advance for your patience. All hearing participants should submit written testimony to testimony@council.nyc.gov. At today's hearing the first panel will be representatives from the administration, followed by council member questions, and then the public will testify. During the hearing if council members would like to ask a question, please use the Zoom raise hand function and I will call on you in the order in which you have raised your hands. I will now call on members of the administration to testify. Testimony will be provided by Dr. Mitchell Katz, president and CEO of New York City Health and Hospitals.

Additionally, the following representatives will be available for answering questions - John Ulberg, senior vice president and chief financial officer of New York City Health and Hospitals, Dr. Patsy Yang, senior vice president Correctional Health Services, New York City Health and Hospitals, Dr. Ross MacDonald, chief medical officer, senior assistant vice president, New York City Health and Hospitals, and CHS, and Christine Flaherty, senior vice president, Office of Facilities Development for New York City Health and Hospitals. Before we begin, I will administer the oath. Dr. Katz, John Ulberg, Patsy Yang, Dr. Yang, Dr. MacDonald, and Christine Flaherty, I will call on each of you individually for a response. Please raise your right hands. Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee and to respond honestly to council member questions? Dr. Katz?

DR. KATZ: I do.

COMMITTEE COUNSEL: Thank you. John Ulberg?

SENIOR VICE PRESIDENT ULBERG: Yes, I do.

COMMITTEE COUNSEL: Thank you. Dr. Yang?

DR. YANG: Yes, I do.

COMMITTEE COUNSEL: Thank you. Dr. MacDonald?

DR. MACDONALD: Yes, I do.

COMMITTEE COUNSEL: Thank you. And Dr., um, excuse me, Christine Flaherty?

SENIOR VICE PRESIDENT FLAHERTY: Yes, I do.

COMMITTEE COUNSEL: Thank you. Ah, Dr. Katz, you may begin your testimony when you are ready.

DR. KATZ: Ah, thank you so much. Ah, good afternoon, Chair Rivera and members of the Committee on Hospitals. I'm Dr. Mitch Katz, proud president and CEO of New York City Health and Hospitals. I want to acknowledge, ah, the tremendous help of the chair during the time that I've been here and, ah, it was really heartwarming to hear her talk about her first committee meeting, because that was my first committee meeting, and here comes a bicycle-riding primary care doctor from California back to his home town, ah, with what many people thought was a completely crazy idea that we instead of shrinking Health and Hospitals, ah, in order to close the

deficit, we could start effectively charging, ah, insurance companies for the care that we were always providing. We could, ah, enroll people who were always eligible for enrollment. We could, ah, code our records correctly so that it represented the true seriousness of our patients' illnesses. We could fight and sometimes even sue insurance companies to get fair rates, and then if we did all of those things and made some administrative cuts, ah, we wouldn't have to cut anything, and in fact we could hire a net 350 more nurses and create an ambulance service, ah, and an updated computer system. We did all that, and frankly those are the only reasons we were able to do so well, um, during, ah, the awful, horrible COVID pandemic. I also want to mention, because the, the chair mentioned it before I launched into it, how much I appreciate, ah, her statement about, um, pushing down against Asian hate. My own 17-year-old daughter is Vietnamese and surprised me last week by saying, this was even before the horrible attack in Atlanta, she said to me, Dad, why do people hate Asians? It was such a horrible thing as a father to hear, right, I mean, she's grown up in California and New York, progressive places, and yet

she's already internalized the idea that people hate Asians. I found that incredibly painful as a father, um, and right, really shows how much work even in incredibly progressive places, ah, we have to do. I'm happy to report on fiscal, ah, 2020. Um, ah, as the chair has explained, a year ago COVID arrived to New York City and required all of our energy. Um, but, ah, we were able to meet the need and save lives, thanks to my incredibly heroic staff. Ah, we closed the first half of fiscal 21 on track and we project a strong, ah, closing cash balance of 550 million dollars, ah, for fiscal year 21. Ah, but we are very concerned about looming state budget cuts, which would cause significant harm to our public health system at exactly the wrong time. I look forward to partnering with this committee, ah, to prevent these cuts from happening and appreciate all of the, ah, commitment and advocacy this committee has done, ah, over the last several years. We have extra accomplishments in terms of healing, ah, COVID. Our 11 emergency departments managed 108,000 COVID patient visits system-wide. More than 54,000 hospitalized patients with COVID have been safely discharged. And I'll note that two hospitals that

publicly always were talked about perhaps these hospitals weren't needed as inpatient facilities. North Central Bronx and Metropolitan performed admirably throughout the pandemic. And if we did not have those two hospitals we never would have been able to meet the capacity needs of New York City. Ah, 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 collaboration with our sister department, the Department of Health and Mental Hygiene. Ah, Gotham Health Centers, Correctional Health Services, and the Testing and Trace Corps did more than 3.8 million COVID-19, ah, tests. And I can't tell how you how many letters I have received from people who said, gee, I never went to a public hospital, um, but I went for testing because I heard that you were providing better services, and, ah, it's something that Chair Rivera referred to in terms of making money. Many places had long lines because they wanted to do what I would consider in most cases an unnecessary visit so they could bill the insurance companies for a wellness visit, while we provided

testing. Ah, of course, if someone was sick then we provided a visit. But we did it to make testing as available and easy, not to make it as much money as possible. We've been a significant part of the city's vaccination efforts, um, and, ah, to date we've administered more than 350,000, ah, injections of the vaccine, and we intend to remain a critical part, and it's certainly necessary in order to have the vaccine be equitable, because we know that the black and brown populations, the immigrants, the uninsured, ah, people living in poverty, the homeless. Um, people who with, ah, a history of being incarcerated are more likely to seek services at Health and Hospitals and so if we have the vaccine available, ah, they will get it. Ah, our ambulatory care teams are serving more than 26,000 patients who had, ah, COVID-19. As the chair has said, we've opened up three Centers of Excellence, ah, for patients who have long-term symptoms. Ah, we've made great progress in other areas of the system. We've increased the insurance attribution with our primary care providers, which means that we are the dominant primary care provider for that person's insurance and therefore we earn extra dollars. We've made our

referral processes better. We've expanded Express Care and Telehealth. Um, My Chart, which has been a huge success, ah, and again I think shows how many misconceptions have about low-income people, because when it was first suggested the idea was oh, people won't be able to access their records. They won't be interested in accessing their resources, and in fact because it can be done on a smart phone, it doesn't require a laptop, we've had tremendous uptake in the use of My Chart, which enables patients to see their own laboratory results as soon as those results are done to, ah, be able, I get many emails from my patients, ah, through the My Chart system. They request refills from me and with cloud visits I'm able, ah, to give them, ah, the, ah, refills they need. We established the H&H, ah, Equity in Access Council, aimed at eliminating barriers, institutional and structural inequities, improving the health and well-being of under-represented and marginalized communities. We continue to improve the LGBTQ-affirming system. And New York City Care now has more than 50,000 members, ah, regardless of their ability to pay or documentation status. We maintain the commit to a primary care visit in two weeks, and

whatever, ah, services, ah, they need, inpatient and outpatient. I know that the, ah, chair and the committee are interested in hearing more about, ah, Correctional Health Services, ah, and our team, led by Dr. Patsy Yang, was able to achieve several important milestones in patient care. In the last year they opened four new, ah, programs to accelerate clinical effectiveness. We call them Pace units, which better serve patients with serious, um, mental illness, ah, which they're really, the focus is on clinical, ah, work, not on incarceration. Ah, they've launched an enhanced pre-arraignment screening, ah, service program on Staten Island to screen individuals admitted to jail for medical and behavioral issues, expanding its reentry support services to all patients starting at intake, expanded the services of the point of reentry and transition program, um, they were the first correctional facility in New York State to provide vaccine, um, to persons in custody, and I just again want to say as someone who's run the Correctional Health Services in both San Francisco and Los Angeles, but long before I got here, New York City had a more progressive, more extensive correctional health system, um, that was

more focused on what, ah, inmates needed in order to be safe in jail and safe when they left jail, and I'm very proud of the improvements, um, that have occurred. Um, we closed the first half of '21 on track. We beat out budget projections by 2%. We have a positive budget variance of 150 million. Our patient care receipts are 398 million better thus far this year for the same period last year, and that's huge, right, that's 400 million dollars better than last year. But remember last year was better than the year before and the year before was better than the year before. We have steadily been able to get the money that Health and Hospitals always deserved getting, and not from our patients, but from the insurers, ah, of, of our patients. Our strategic initiatives associated with revenue cycle improvements, managed care contracting improvements, and value payments, ah, remain on track. We've generated 311 million in revenue and have sight to 576 million. Ah, finally, the staffing investments that we began implementing have continued to be consistent with our overall, ah, system needs, especially more nurses, and I was clearly, ah, when I arrived one of the things that I thought was farthest

off is that the number of nurses did not meet the patient needs. So as we release the January plan we are projecting a closing cash balance of 550 million dollars. But just to give people a sense of what that means, 'cause 550 million dollars sounds like an awful lot of money, that's 25 days of running Health and Hospitals. 25 days, right. So most private institutions, ah, would maintain, you know, like between 100 days and a year of funding. Um, we are, you know, proud to have 25 days. Um, and that is recognizing that there are a lot of external risks, ah, from, ah, state and federal issues. Ah, we are excited to share the DSH FMAP glitch was fixed, ah, in the American Rescue Plan by President Biden and it will enable us to offset nearly 800 million dollars in projected losses, ah, in fiscal year 21 and 22. A bit shout-out and grateful, ah, to Senator Schumer and the entire New York delegation for addressing this major impact on Health and Hospitals. Um, the executive state budget includes nearly 500 million dollars in cuts to our 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 it, ah, implemented last year.

We're advocating in Albany and with support from the mayor's office and many of our critical partners and community stakeholders to eliminate these cuts. Ah, at the same time, ah, to offset these risks the system remains focused on implementing our strategic initiatives and plan to generate over 800 million in new revenue savings in fiscal 22, growing to nearly 1.3 billion, ah, by fiscal year 25. Um, against the backdrop of all this, we've been battling COVID every day. We've paid over 1.6 billion dollars, ah, on the COVID response and committed to spending 2 billion overall. In an effort to defray these costs, we've been aggressive in pursuing available federal revenue streams. We are among the first hospitals in the nation to submit a claim to FEMA, which enabled us to receive some advance reimbursement. We've continued to provide documentation and work closely with FEMA, continue to receive eligible reimbursement. Additionally, we were active in receiving provider relief funds through CARES. Thus far we've received nearly 1.2 billion, largely through the safety net and hot spot allocations, which would advocate strongly for all of our front line and the narrow margin we manage each day. So, ah, in closing,

Chair, I just want to tell you that Health and Hospitals is filled with some of the most amazing people you'll ever met in your whole life, and I'm so proud, ah, to work with them. Sadly, many of them gave their life to COVID. Um, we, we remember them, we remember their sacrifice in taking care of people, their loss of life due to their hard work. And other people who survived remain traumatized from the experience of what it was like to take care of many more patients than you had ever taken care of at one time, um, many more people dying around you, having to worry yourself about, um, getting sick, people who lived in hotels so as not to risk infecting their family members. We, we had to arrange for washing machines so that people could wash their clothes before leaving the hospital because fear was so great that people were going to bring home infection. People lived under those conditions. Um, but they did it for all the right reasons. Um, they did it with open hearts. They fulfilled their commitments as nurses and doctors and social workers and pharmacists and other care providers, environmental service people, and I'm just so proud, Chair, to be part of this organization. Thank you.

COMMITTEE COUNSEL: Thank you, Dr. Katz. Um, I just want to acknowledge that we've been joined by council members Maisel, Reynoso, and Levine. Um, I will now turn it over to questions from Chair Rivera. Panelists from the administration, please stay unmuted, if possible, during this question and answer period. Thank you. Chair Rivera.

CHAIRPERSON RIVERA: Thank you very much, and, and thank you for honoring and acknowledging all of the people that did give their life, um, during COVID and, and for your team and their tremendous response. And you've mentioned a, a few things from the federal and state to local level, so before we jump into questions about COVID, of which I have many and I'm sure my colleagues do as well, I just want to first address those proposed cuts in the state budget that you touched on, which, you know, we all know the budget needs to pass by the end of March. If, if these cuts, which I'm actively fighting against with a number of my colleagues across the city and state, were to go into effect, how would, how would it affect H&H's budget and operations, and what are H&H's proposals for how the state budget should invest in our safety net hospitals?

DR. KATZ: Well, thank you, Chair. I'm going to turn to our really terrific chief financial officer, ah, John Ulberg, who used to be part of the, the state government and who really understands how the, the money flows, and, and ask him to address the questions.

SENIOR VICE PRESIDENT ULBERG: Yes, ah, good morning. Um, yeah, I think, you know, the cuts, we have to keep in mind, right, that when the, the governor proposed these cuts this was prior to the relief that, ah, that the federal government provided, um, as part of, um, the CARES Act as well as the most recent, you know, COVID relief. And I think it's, it's very well welcomed that, you know, the state budget deficit, which is about almost, you know, 13 billion dollars, which is a deficit that I've never seen in my nearly 20-year career at the budget division, the significant amount of money, um, and I think the important thing to also remember it's multi-year, right? 13 billion is just this year's amount at the rate, you know, folks in Albany do their financial plans, like everyone else, is that there's many years to that. But, the, the relief bill was about enough to cover the first year amount

of, ah, the deficit and when those cuts, um, were developed, you know, by the budget division it was prior to having an understanding of that relief amount. Um, I will also say we, we spend a lot of time, you know, tracking very carefully, ah, the budget process. Um, we have meetings with, ah, ah, the legislature, both fiscal committees, this week. Ah, it's our understanding that, you know, both one house bills pretty much negate those cuts. But nonetheless, you know, there's very likely gonna be some sorts of reductions we need to advocate, ah, against those cuts. Um, you know, the 500 million dollar number is very significant, you know, it's a two-year estimate. Um, when you take that into the context that our closing balance for the year is about, ah, in that same, ah, range that, that would speak, ah, in terms of how, ah, devastating those cuts could be on Health and Hospitals. But we, we remain. We try to be good partners with the state and try to find creative solutions. Um, we try, you know, we, we try to find, ah, improvements to the care system that will result in savings. So we, we try to be a good partner, ah, you know, with the Medicaid program and, ah, and the state.

CHAIRPERSON RIVERA: I understand, and I know that you have to be creative and innovative. But that, it's like unprecedented creativity with, with that amount. So, um, I thank you for, for trying your best. And I know from the onset of the pandemic H&H has acted not just as a safety net for the city, but as a leader in our response, and I just want to thank everyone here on this call for that. I know you've rolled out several new initiatives, which I mentioned, which, to identify and treat COVID-19. Ah, these include the Test & Trace Corps, what we call T2, ah, the COVID Centers of Excellence, and then, of course, the vaccine distribution program. So with the vaccine roll-out underway and President Biden predicting that enough supply will be available to inoculate everyone in the country by the summer, what is your expectation for these programs in fiscal year 2022 and beyond? And will any of these programs or elements of them be incorporated into H&H's standard operation moving forward?

DR. KATZ: Well, thank you, Chair. Certainly, ah, the COVID Centers of Excellence, um, will continue because we believe that there will be people who will have very long-term, ah, sequelae,

long-term symptoms from COVID and that those centers will be necessary. We also want to address, when you think, well, why, you know, why did so many people get sick, um, from COVID. Ah, much of the illness is due to primary care diseases, like hypertension and diabetes, um, and if we did a much better job of reaching people, bringing them in, treating their hypertension, their heart disease, their diabetes, then, ah, they would be less susceptible in the future, um, to illnesses like COVID. Whether COVID, I think most experts, although, you know, COVID continues to surprise and make us all humble, um, but I think most people believe that, that the what we call COVID will not ever go completely away, um, but that we will be vaccinated, um, as a population and therefore we will not have the horrible hospitalizations and deaths. Ah, but we're going to need to maintain a structure for, um, being able to test people, um, and isolate them. We, we haven't talked. One, one of our big programs is we are currently running, ah, four hotels full of people who we are enabling them to isolate from their families and we do whatever it takes so that they can safely do that. We walk their dogs. We bring them

prescriptions. We bring them, um, methadone. We, we take care of their children. We do whatever is necessary so they can isolate. I think there will be an ongoing need, um, for that, ah, going forward. So there's still going to be a lot of need. It's quite possible that vaccinations will require boosters, um, or will require reformulations as the virus evolves, so it could be like the Flushing. We need to get everybody, ah, vaccinated, ah, every year. Um, so we're going to keep our infrastructure in place, um, and we're going to continue to meet whatever, you know, New York City needs.

CHAIRPERSON RIVERA: Well, speaking of infrastructure, I want to ask about the Test & Trace Corps, or what we call T2, and it partnered with a number of community-based organizations to run pop-up testing sites and do education and outreach around testing. So you expanded 39 of the original 41 contracts to June of this year, for a total of 15.8 million. Is part of this expansion to do outreach and education around vaccinations, and is there a plan to include CBOs with cultural competence in the vaccination program?

DR. KATZ: Well, absolutely, Chair. As you state, I mean the, if, for people to get the correct, ah, message, um, we need to have culturally competent providers. And, in fact, ah, I'm a big, ah, opposer of the use of even the term, ah, vaccine hesitancy, because it puts the burden on the person and it says that it's obvious that they should get vaccinated and they're hesitant to do it, right, when really the burden is on us to explain to people in their own language, um, with their own metaphors as to why getting vaccination is a positive thing. Ah, the program that you referred to is, is in collaboration with the Department of Health and Mental Hygiene and we'll continue to work closely with them. We see huge value in, ah, the community-based organizations doing pop-up testing, um, because of the cultural competence and joining us in the vaccine efforts as well.

CHAIRPERSON RIVERA: Well, I highlight this in particular because I sent, ah, you and DOHMH a letter about a month ago calling for a census-style public outreach effort around vaccine skepticism. But I haven't received a response. We already see that vaccine rates are not equitable amongst

communities of color and as more people become vaccinated the challenge really is going to be reaching these harder to convince communities for a number of issues. So what are we doing to address this issue with T2? Can the administration provide this committee with a copy of the most up to date iteration of the Memorandum of Understanding, the MOU governing the T2 program?

DR. KATZ: Yeah, I will, I will do that right after this hearing, Chair.

CHAIRPERSON RIVERA: OK, great. And if you could respond, I mean, the, the census-style public outreach piece, you know, we encountered the same issue, clearly not exactly the same. The reason I make the comparison is because in order to get communities who, you know, have a history of, of being mistreated and abused, ah, by this government, by quote unquote public service to reach those, those, those hard-to-reach communities for this census to get them to respond. Um, we really had a community-based effort and it was led by CBOs and so, you know, that's why I wrote the letter to you. That's why I'm hoping to receive a response, and I do think that, you know, we're getting closer and closer

to this deadline, to this date that's been set by the federal government and it's, it's just incredibly important that we honor the work that a lot of these organizations have already done. We, we rely on them for so much and then when it comes to something this important, you know, we do have to support them financially.

DR. KATZ: Understood.

CHAIRPERSON RIVERA: Yeah. So the COVID testing and vaccination efforts at H&H have clearly shown how issues in language access and cultural [inaudible] have created further inequities in access to these life-saving initiatives. This is part of the larger trend of insufficient investment in language access across all hospital systems. Will H&H be increasing the budget for language access in light of the COVID-19 pandemic?

DR. KATZ: Ah, well, we, we have no limit on it. Ah, so we, we have a variety of contractors, ah, and we will provide translation every time somebody needs translation, and I have heard there have been occasional times when the, due to the speed at which the program was launched that some of the people doing it didn't realize that they always had

access. So with, we, because we have extensive, um, contracts all ready to do interpretation, no one in Health and Hospitals or T2 should ever feel that they cannot get at that moment appropriate translation, and that makes me sad that it's happened. I, I do, I do know of two times when it happened and we addressed it immediately as an education effort, to explain to people why, you know, how they get, ah, the appropriate translation, but we don't, we don't limit the budget and I will not ever set a limit and say, OK, well, I'm sorry, we can't translate for you because we spent our, we spent our translation budget. We will always provide whatever translation people need.

CHAIRPERSON RIVERA: Well, we want to be helpful and I, I held a hearing on language access as related to our COVID-19 response, you know, a few weeks ago and we were really underwhelmed by the city's responses. So I only say that to tell you to be very, very direct and detailed about your needs...

DR. KATZ: Right.

PARLIAMENTARIAN: ...because we, we asked for, you know, really nuanced information and failed to receive it. So, you know, I also know that T2

enabled H&H to reach a variety of new people, both uninsured and with private insurance, and the folks maybe showed up to an H&H facility for the first time ever to receive a test or a vaccine or use H&H's expanded telehealth services. So does H&H anticipate that this, ah, telehealth service connected more people with the hospital system and if so what impact could this have financially in the future, and how do you aim to retain these individuals in your patient [inaudible]?

DR. KATZ: So we, we definitely want to maintain, um, the access via telephonic or video, because we recognize that there are people who, you know, respond better, people who would not feel comfortable, and I think one of the most successful uses that we've had of this has been, um, for buprenorphine, where we work with homeless, um, or people living on the streets, um, who have addiction issues and we can now through a tablet connect them to a provider who can prescribe buprenorphine for them. And I think that shows how far you can, you know, use this technology to bring necessary care. Ah, anyone can now, ah, have an emergency visit at any of our H&H sites, ah, telephonically or through

the video, ah, through our Express Care, ah, and it's something we want to continue to expand, and I do think it gives us both an opportunity to reach populations that we haven't reached before. Hospitals tend to be where they historically are, ah, right. You can't move them around. It's one of the challenges of brick and mortar. Um, but being able to provide phone or video visits makes a huge difference as, um, and we want to keep expanding that, and I hope it will bring in people who realize that getting your care in a system that is not primarily focused on making money, ah, often leads to better care, and I'm very proud of the fact that none of my providers have any incentive to do tests or procedures that may not be absolutely necessary because everybody is on a salary and so there's no advantage to doing more unless you need more. And I think people saw that while maybe our infrastructure is not as pretty, we don't have those mauve kind of walls, we don't have the marble tables. Ah, Christine Flaherty has done a great job of fixing our facilities, but we're not going to have teakwood, you know, in our waiting rooms. It's just not going to happen. It's not who we are. Um, but that is, it's

not the teakwood that makes the great nursing. It's not the teakwood that makes the caring doctor. Um, right, and people mistakenly associate, you know, rich-looking waiting rooms with great care and that's just not true. Um, so I hope that this, that the experience, all of the people, one of the ways that, ah, we connect is that poor people who have gone for testing, ah, with us or who got vaccination we signed up to My Chart, which then gives them the ability to set an appointment, to have a video visit, um, to see their labs, to feel connected to us, and we think that's one of the ways we'll continue to bring in, ah, insured patients as well.

CHAIRPERSON RIVERA: Got it. No, I know, we, and of course the council and many others are, are working on expanding access just generally digitally, ah, with broadband and hope that we can all work together on that. So the fiscal 2021 and 2025 preliminary capital commitment plan includes 86.7 million in capital funding for three COVID-19 Centers of Excellence to provide comprehensive outpatient services to recovering COVID-19 patients. Two COEs, these Centers of Excellence, one in the Bronx and another in Jackson Heights, Queens, they

have opened, and a third is expected to open in July. Can you elaborate on [inaudible] expense funding for the COEs as of the city's fiscal 2022 preliminary plan and/or H&H's fiscal 2022 January financial plan? And can you clarify how H&H provides or plans to provide outpatient care to recovering COVID-19 patients outside of the COEs, and how this care, to the extent applicable, is integrated with services provided at H&H's existing facilities?

DR. KATZ: Well, I'll start, Chair, and then I'll ask, ah, John Ulberg to fill in the details as to whether we separately budget it. You know, again, a little bit like the translation, um, we will always take care of the people who come to us. Um, we don't set limits on how many people we will, you know, take care of. We never, in fact, even in the COVID, not only did Health and Hospitals not collapse, but we took patients from three other hospitals that weren't able to mange their patient flow, because that's what we do. Um, so, ah, for, ah, the, the Centers of Excellence, we have budgeted them as we would budget any of our outpatient care. We recognize that there is, ah, expense. There's revenue. On the outpatient area, ah, nobody, ah,

even with very good insurance, it's very hard to break even on inpatient, on outpatient care, um, but again we do that out of mission. Ah, some people will want to go to a dedicated place. Some people will want to go where they've always gone, right. So in your, in your neighborhood, Carlina, ah, Chair, if, ah, people have always gone to Gouverneur they will probably keep going to Gouverneur. If they've always gone to Bellevue they probably will keep going to Bellevue. But we, we wanted the Centers of Excellence created with, ah, specific equipment, like pulmonary function tests and radiologic equipment that would make it easier for us to care for people, um, with these issues. Let me ask John whether there is a separate expense for them or whether it's just baked into our ambulatory care budget.

SENIOR VICE PRESIDENT ULBERG: Yes. I think, um, first on the capital side, um, you know, we made a pretty significant investment in these three facilities, and Christine can help me here. But the total cost for all three is somewhere in the neighborhood of 140 million dollars. And I would say roughly 87 to 90 million will be funded with, ah, the city capital program and the balance, ah, we have a

proposal to be funded, ah, via FEMA. Um, Christine and her team did an excellent job, um, to press to get these facilities, you know, on line sooner than we had expected and, um, you know, there's, as you had mentioned, um, Council Chair, two, two are operating and one hopefully in April. The way we set their budget is we assume that eventually, right, as they establish themselves in the community, right, that the revenue will offset the expenses. But it takes time to build that patient base and our initial estimate across all three is that somewhere in the neighborhood of 10 million dollars will need to be, ah, you know, budgeted within, ah, Health and Hospitals, right, to cover, ah, those facilities until they're fully operational.

CHAIRPERSON RIVERA: Thank you. And I know there are some, um, there are voluntary hospitals who are operating similar centers. I know Mount Sinai certainly does. So I'd be interested in knowing how you all are collaborating or learning from each other. But I do want to just move on to CHS, because I see a couple of my colleagues have questions and I don't want them to wait any longer than a few more minutes. So I just want to, turning

to CHS, and, and thanks, people [inaudible] of course. I'm very concerned to see the number of people released from Riker's who are at severe risk for COVID, um, has, has flattened through 2020, and the number of people incarcerated on Riker's has increased from its 2020 low. So I know that CHA staff have spoken out about these issues, and I want you to know that I believe, ah, DOC and City Hall must do more to decrease the population of incarcerated New Yorkers on Riker's Island. But looking at CHS's budget, what were CHS's actual expenses for COVID care and how much is budgeted for fiscal year 2022, and what are current budgeted and actual expenses for personal protective equipment, PPE, for the staff at CHS?

DR. KATZ: Ah, Dr. Yang is gonna answer. I mean, some of those questions we may have to get you exact figures. I don't know that we have it broken out. Again, I will say that, ah, for Correctional Health and for the whole system, never once did I say or did I hear anyone from City Hall say, OK, Mitch, you can have protective equipment, but only spend up to this amount. Ah, we spent whatever we needed to spend through the pandemic to

get as much equipment as possible, and I, I would not put limits on what, ah, Dr. Yang has to spend in order to provide appropriate care for, ah, those people who are incarcerated. That's our mission. That's what we do. Ah, but Dr. Yang, can you speak to what figures you do have?

DR. YANG: Yes. Um, I appreciate the question. Um, as, as Dr. Katz noted, we don't have that broken out. Um, basically from last March, um, we have really dedicated and focused all of our efforts and resources on COVID, um, which includes in our strategy to contain the, the impact of COVID, includes maintaining access to basic, you know, the, the regular health care that people need, that our patients our need, in order to, to stay as healthy as they can, um, and to, to be in a, in a strong position to, to ward off the more serious consequences of the disease should they have contracted the virus. Um, we, we did not have shortage of PPE or, or testing capability, or more recently vaccine. Um, we focused really on, on testing people, created an entire housing, um, spectrum, with the Department of Correction, where we cohorted people who are similarly, um, on the COVID

spectrum together and, um, and now we're vaccinating. So it's really been all of our resources, um, particularly since, ah, maintaining access to health care is one of the fundamental approaches that we have. I can try and get you breakdowns, um, later, Chair.

CHAIRPERSON RIVERA: That would be great. Ah, as soon, as you can, considering we are talking in numbers today.

DR. YANG: [inaudible].

CHAIRPERSON RIVERA: How are individuals incarcerated on Riker's or in other city jail facilities being evaluated for eligibility and vaccinated?

DR. YANG: Yes, um, [inaudible]. Um, we, we are bound by the, the guidance from the governor. Um, and, ah, back in, on January 6 we were, as Dr. Katz noted earlier, the first, ah, correctional facility in the State of New York to begin offering vaccine, um, to our patients. We were able to do that by arguing successfully that, um, some of our most vulnerable patients were clinically analogous to residents of state oversight or state operated facilities in the community, like nursing homes, um,

and as the guidance expanded by age to 65 and older, ah, 75 and older, 65 and older, 60 and older, were to persons with comorbidities. Um, we applied those, those, those standards and, and eligibility guidance to, to our patients since there was no explicit, um, mention of, of carceral status. Um, so currently there's about, you know, the, the state guidance, um, covers about 37%, a third to 37% depending on our census, um, of, of our current patients, um, who are eligible. We know the demand is out there. We've created a waiting list, um, so that as eligibility continues to expand we know who wants the vaccine and how, and we reach out to them. Um, we continue to do education with all our patients, um, as Dr. Katz also mentioned. It isn't hesitancy so much as our continuously providing information and having dialogue with our patients, so that they can weigh their own perceived risk of, of vaccination versus, versus disease. CHS has since last December been advocating actively with the state, um, to allow us to offer vaccine to anybody, um, regardless of their age or health condition, basically based on the, nature of the carceral congregate setting, which we think is a risk factor in and of itself. Um, and we

remain hopeful that we will, we will get that approval.

CHAIRPERSON RIVERA: Great. I think many of us, ah, feel like this is a congregate care setting and, and the administration should just go ahead and vaccinate those individuals. But, but I understand, you know, why you're trying to do your best to, to, in a collaborative spirit, though this is urgent.

DR. YANG: We agree.

CHAIRPERSON RIVERA: So we certainly support you on those efforts. So I, I have other questions, but I want to move on to my colleagues, who have patiently waited and so I'll turn it over to the committee counsel so we can go through the list of those who have, ah, raised their hands to ask a question of the administration. I thank you thus far for, for all your responses.

COMMITTEE COUNSEL: Thank you, Chair. I'm now gonna call on council members in the order in which they have raised their hand using the Zoom raise hand function. As a reminder, if council members would like to ask a question please use the Zoom raise hand function now. Um, council members,

please keep your questions to five minutes. The Sergeant at Arms will keep a timer and will let you know when your time is up. You should begin once I have called on you and the sergeant has announced that you may begin. We will begin with Council Member Maisel, followed by Council Member Rosenthal, followed by Council Member Ayala. Council Member Maisel, you may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER MAISEL: Um, good morning, ah, Dr. Katz. Um, I'm happy you are here. Ah, what I'm going to say is I don't want to, ah, mitigate against, um, the tremendous job that Health and Hospitals has done, ah, during your administration. But I do want to express some frustration I had recently, ah, with HHC. Um, when I reached out to your office, um, several weeks ago, um, frankly I was stonewalled. I cannot understand why a member of this committee cannot call the head of, ah, HHC to have questions answered. Um, I did not get the courtesy of a phone back, ah, phone call back by anybody from your staff to find out exactly what kind of questions I had. Ah, unfortunately, um, it was very disappointing to me, um, and I'm, um, I'm really

quite surprised at, ah, transparency apparently is not something that you practice. It's spoken about, but you don't practice it. Thank you.

DR. KATZ: Ah, just I'm terribly sorry, ah, Council Member. Multiple people, ah, on the council call me on my cell phone, text me. I'm sorry you don't have that number. I'm happy, I did not know, ah, you called. I would have called you back as soon as I got that message. I'm very sorry.

COUNCIL MEMBER MAISEL: Your staff was very, very protective of you and, um, they, I guess they didn't think that my questions, ah, were worthy enough for you to spend your time on.

DR. KATZ: Well, I'm very sorry. I disagree with that assessment. You are a council member and any question that you have is worthy, more than worthy of my time, and I will send you, ah, my cell phone after this, ah, call, and I will, you know, welcome any time you want to call or text me. I think you'll find from your colleagues that I always respond as soon as somebody calls and texts. I'm very sorry.

COUNCIL MEMBER MAISEL: Well, thank you.

COMMITTEE COUNSEL: Thank you, Council Member. Um, and next we will hear from Council Member Rosenthal for questions.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: OK. I believe Council Member Rosenthal may not be there. Um, we'll circle back. Council Member Ayala.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER AYALA: Well, good morning everyone, happy Monday. Um, Dr. Katz, I wanted to actually say thank you. I, I was able to get inoculated at Metropolitan this weekend. I was really happy and the staff was great, um, as always. You have wonderful staff. Um, my question and I, I think is, is a question that I ask repeatedly at these, at these hearings, is really regarding the number of mental health beds. Um, I'm really concerned with everything that happened during the pandemic and, and the repurposing of those beds, that we may not, you know, yet be back to normal, per se.

COUNCIL MEMBER ROSENTHAL: Hi.

COUNCIL MEMBER AYALA: I was wondering how many, um, how many of the beds that were repurposed are back online. Did we lose any? Did we

add any? I think at some point we were talking about there were gonna be some additions, but we never really got clarity about at which hospitals, um, and that, that's still a concern of mine.

DR. KATZ: Ah, a concern of mine as well. Ah, we did have to repurpose beds during, during the heat of COVID, and we did at one time have decreased demands for psychiatric beds, ah, at the same time that, ah, people without COVID were staying home in general. Ah, but that's changed now and we have a lot of demand for psychiatric beds right now. I believe, I'll have to get back to you on [inaudible]. I believe everything is back, ah, with the exception of one ward, ah, where there was always the intention to do reconstruction work. Um, the reconstruction work has started and we're trying to get back on line. Ah, but I do believe that mental health is one of our chief missions. A lot of the private hospitals have gone out of business, doing, ah, behavioral health work, because they don't see the revenue margin on it. But we do it out of mission. Um, I think there are, ah, genuine workforce issues right now. Psychiatrists are very hard to recruit at any salary. There's just not as many psychiatrists,

especially psychiatrists interested in inpatient work. Um, we can, we're able to recruit psychiatrists for the emergency room and psychiatrists for outpatient work. We're having a lot more difficulty recruiting psychiatrists to do inpatient wards and we're working with the state on the question of whether or not we can change the workforce issues, ah, more heavily use, ah, psychologists, um, nurse practitioners, um, other workforce people, because in some cases, um, we've been, we're diminished because we can't recruit enough psychiatrists to safely run, um, our wards. But I will get you an exact count.

COUNCIL MEMBER AYALA: Why do you think that is, because I'm, that, that concerns, right? Um, I think we're gonna see a surge in behavioral health, you know, cases in the next, you know, ah, few years. I think that people are still, we're all still kind of sleeping through our trauma. Um, it was a very difficult year. We're still not through that year. We're still living it, and I think that, you know, we're seeing a lot of, you know, a lot more need for, ah, mental health services and, and obviously a lot of people rely on Health and

Hospitals for that service. So that, that concerns. Why do you think that we're having such a difficult time? And, and I understand that the reimbursement rates are not, you know, ah, you know, anything to brag about and I, I believe that that may be a contributing factor, but I just wonder what your thoughts are on why we're having such a difficult time attracting, um, psychiatrists?

DR. KATZ: Well there, there is a national shortage. So there's purely just on a nationwide basis, if you calculate how many psychiatrists are needed there are not that many psychiatrists. There's quite a large deficit. Ah, so it's not primarily about what you pay them because there's a sheer shortage. So whatever you're going to pay, you're just going to push up, um, the rate. I do think that because private facilities close then there are certain people who would work in the private sector who won't work in the public sector and you lose access to them. I think the things, I mean, I always try to be solution-generating, right, because I can't change the shortage, the national shortage of psychiatrists. So, you know, there are other solutions. We are working with the Office of,

the state office. There are many that I, requirements that I think, ah, make the job of the inpatient psychiatrist more paperwork than would be absolutely necessary. Clinicians like to see patients. They don't like to fill out endless paperwork, and as hospitalizations have gotten shorter, which is genuinely a, a good thing, um, because you shouldn't keep someone in a locked facility if they're ready to be in a non-locked facility. But what it's done is there's all this paperwork at the beginning and there's all this paperwork at the end...

SERGEANT AT ARMS: Time expired.

DR. KATZ: Ah, and so you feel like your whole job is paperwork. Um, so I think making it less bureaucratic would make it more attractive. But ultimately it's going to require the use of more licensed social workers, more psychologists, more psychiatric nurse practitioners, more psychiatric technicians. It's going, we're going to need to use psychiatrists for what psychiatrists can uniquely do, which is to prescribe. Um, but we're going to have to take advantage of the other professionals who are able to provide the other parts. Ah, so what I'd say

is just the, the um, the field has not progressed around workforce as rapidly as it needs to. And I think we, because we're the leading psychiatrist provider in all of New York City, we need to be at the forefront, ah, saying this is a model that will work.

COUNCIL MEMBER AYALA: I appreciate it. Thank you so much. It's always a pleasure.

DR. KATZ: Thank you.

COMMITTEE COUNSEL: Thank you, Council Member Ayala. We're going to go back to Council Member Rosenthal.

SERGEANT AT ARMS: Time starts now.

COUNCIL MEMBER ROSENTHAL: Appreciate that. And with apologies, we're all multitasking here. Dr. Katz, it's good to see you. Chair Rivera, thank you so much for this awesome hearing. Um, Counsel Ahuja, you're amazing, as always. Um, I, I wanted to follow up on something you said in your testimony, Dr. Katz, that one of the reasons you came to New York City is to increase reimbursement, that you thought it would be possible for us to, to bill better and, and increase our reimbursement from Medicaid. Has someone already asked you this

question? I'm just curious whether or not, how you feel that's coming along. Like, what have you learned about, you know, are we under billing in this are or that area? Have you seen Medicaid reimbursement go up? I don't know, like that.

DR. KATZ: Sure. So the biggest areas of, of going up are not so much, um, Medicaid reimbursement, but it's, ah, effectively billing private insurance.

COUNCIL MEMBER ROSENTHAL: Oh.

DR. KATZ: Ah, we, it's the biggest area. Ah, because Health and Hospitals has a long tradition of providing free care to everyone, which is good, ah, the part about but we should still bill insurance...

COUNCIL MEMBER ROSENTHAL: Yeah. [inaudible] you found, how's that going?

DR. KATZ: Hundreds of millions of dollars, um, have come in because of that. Over, if you total the cumulative it's over a billion dollars, ah, that we have brought in and the, the parts of it, the part that has to do with Medicaid is not the [inaudible]. The part with Medicaid was that people were eligible but no one was enrolling them.

COUNCIL MEMBER ROSENTHAL: Got it.

DR. KATZ: [inaudible]

COUNCIL MEMBER ROSENTHAL: Yes, I apologize [inaudible].

DR. KATZ: Go ahead.

COUNCIL MEMBER ROSENTHAL: Right, right, I'm so sorry. I'm on the clock and you're being so wonderful. Have you sent over to the finance team that information, so, so if, if you can could you send over sort of the, ah, I think you guys go on the fiscal year, you know, what the number was when you first got here, next year, and the year and the year after for private insurance?

DR. KATZ: Happy...

COUNCIL MEMBER ROSENTHAL: [inaudible] see sort of the rate of growth, or, or whatever, and then for Medicaid, ah, whatever it is that you did. Thank you.

DR. KATZ: Happy to. Thanks.

COUNCIL MEMBER ROSENTHAL: Thank you. Um, I forgot my second question in all the excitement. I remember. So, and perhaps Council Member Rivera already touched on this again, um, ah, in terms of tracking the additional costs during

COVID, I assume you've tracked all that and that is all reimbursable via FEMA at 100%. I'm wondering two things. One, if you've done that, and started submitting your paperwork for that, and two, what's the delta from going from 75% to 100% now?

DR. KATZ: Ah, so, yes, we've already put in our paperwork and we project that before we're done we'll spend, ah, 2 billion dollars. So the 75% to 100% would be a quarter of 2 billion dollars, which is 500 million dollars.

COUNCIL MEMBER ROSENTHAL: So you'll get reimbursement for 2.5 million? Yeah?

DR. KATZ: Yeah, no, we get reimbursement for 2 billion, but which is 500 million more than we would have when it was 75.

COUNCIL MEMBER ROSENTHAL: Got it. Got it, got it. And so can you break that down? Is, is that all for FY20?

DR. KATZ: Ah, no. Ah, it, it would be for two fiscal years in a row, because we started in March with expenses and we're certainly going to have expenses at least through the next year.

COUNCIL MEMBER ROSENTHAL: Right, right. And how much, but you've submitted for 200, ah,

million and perhaps it would be more that you can submit?

DR. KATZ: Right. We will keep submitting as we, you have to put in a form that FEMA understands. So your goal is to send it all in.

COUNCIL MEMBER ROSENTHAL: Yeah. So, darn that bureaucracy. Um, so just to confirm, for fiscal year 2021 what was the dollar value? And what do you expect the dollar value to be for fiscal year 2022?

DR. KATZ: OK, ah, I would need John to answer the, Ulberg, the two, those two numbers.

COUNCIL MEMBER ROSENTHAL: Right, and what I'm getting at, and again, I only have 20 seconds, is so you have an amount for FY21, an amount for FY22, which is gonna include an estimate for the rest of the fiscal year, and then what your estimated number is for FY23.

DR. KATZ: Correct, correct.

SENIOR VICE PRESIDENT ULBERG: And we can break all those numbers for you and, and send them over. Um, you know, they're all excellent questions. Dr. Katz is right. We keep track of this based on the total estimate [inaudible].

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER ROSENTHAL: Great. All right, thank you very much. Ah, I'll hear back from the finance team about that. Appreciate you, appreciate you, Council Member Rivera.

COMMITTEE COUNSEL: Thank you, Council Member Rosenthal. I'm gonna turn it back to Chair Rivera, and as a reminder for all other council members, if you have questions you can use the Zoom raise hand function. Chair Rivera.

CHAIRPERSON RIVERA: Sure, and thank you, of course, and thanks to all my colleagues for being here, and of course, ah, Chair Rosenthal, who is the chair of the Subcommittee on Capital. So a couple things. Ah, just a few questions, and I know we have people who, who want to testify. You mentioned earlier that the federal stimulus should result in fewer expected cuts in the state budget. Can you elaborate about which program cuts you expect to change, and by how much those cuts are currently expected to shrink?

DR. KATZ: John, can you take this.

SENIOR VICE PRESIDENT ULBERG: Yeah. I would say the, the cut that we find most disturbing,

um, is the cut to the indigent care [inaudible] pool. Um, and that's a cut that's really targeted at all public hospitals, um, and, ah, we, we have advocated vociferously about, ah, you know, having that restored. Um, that's roughly about 250 million dollars, you know, over the two years. Um, so that would be the one that we, we, and, and we basically are unique in that respect. So that is one that we would like to have restored. The across-the-board cuts are just simply budget actions. Um, we were cut last year by 1.5%. You know, the entire Medicaid program, it's an across-the-board cut this year. Ah, the governor is proposing, um, a 1% cut. And I, I think both of those, you know, will get restored. There's, there's a cut to the capital program. But, again, I think that the, the, um, stimulus dollars that were, you know, that were provided in, in the COVID bill that were aimed, you know, specifically at the state of about 12 billion dollars and, ah, New York City also received, I think, about 4 billion dollars. We, again, we think that would take a lot of pressure off the need to cut, ah, the Medicaid program.

CHAIRPERSON RIVERA: Is vaccine distribution being funded by the federal government or are any city funds being contributed to the program?

DR. KATZ: We assume at this point that all, ah, expenses will be billed to FEMA. That's our current assumption, because it's obviously part of the emergency response. Remember that the vaccine itself we're not paying for. So there's no cost to us of the vaccine. The only costs are the administration of the vaccines.

CHAIRPERSON RIVERA: Understood. Actually, I see a, a colleague of mine who would like to ask a question. Um, if, if that's OK with Committee Counsel I'd like to recognize Council Member Mark Levine.

COUNCIL MEMBER LEVINE: Thank you so much, Chair Rivera. Ah, thank you for, ah, your incredible leadership of this committee in this crisis, ah, for hospitals and of course the great work of this hearing. The city is luck to have you in this roll. And, um, Dr. Katz and, and the team at H&H, ah, I know this has come up a lot this morning. I just want to add my thanks to you, ah, and to the

people of our public hospital system for what you have done for the city over the last 12 months. I don't even want to think what this crisis would have been like if we didn't have our public hospitals. Ah, I, I don't think there could be any doubt of how important you are to the health of this city, um, despite the challenges you faced in getting adequate resources. Ah, so thank you to you and, and, and to the, the many people at H&H who have worked and served and sacrificed over the year. Um, I, I know that you mentioned NYC Care, ah, in your opening statement. I was very heartened to hear that the number of enrollees, I think you said it's now up to 50,000, which is great news, and I, I really see that access to primary care is gonna be one of the ways that we address the horrible inequality that, um, has been, ah, revealed and exacerbated in this pandemic, and that NYC Care is, is one way to connect, um, the, the many, many people in the city who don't have the benefit of a regular primary care doctor where they go for their annual physical or their, their, ah, vaccinations or, um, just to get early warning if there's any kind of problem. Um, I wonder if you could just talk about what you see as the role of, of

NYC Care, um, in, in closing the health equity gap, ah, in, in the months, ah, and years ahead for the city.

DR. KATZ: Ah, well, thank you, um, very much for that question, Council Member Levine. Ah, New York City has always provided a progressive set of benefits, um, within Health and Hospitals. But one of the challenges is how would anybody newly arrived to the city know that? How would you, you're a new immigrant to, ah, New York City, how would you know that you could go to Elmhurst Hospital or Bellevue and get state-of-the-art care without being billed, ah, in a way that would bankrupt you and your family? And my, my feeling is well, you wouldn't know that. And so you would just wait and wait and not go to care until you were already quite sick, and that, ah, the job of NYC Care is to make people aware that they don't have to wait that long. Um, they can, right from the beginning, they can join us, they can get a primary care visit. Having your own doctor who cares about you is in and of itself a healing thing. Knowing where to go when you're sick so that you don't have to go the emergency room I think makes everybody's care better. So we, we've heard a lot

from, ah, people, we've been, even through the crisis and one of the chief, ah, features of NYC Care was a primary care appointment in two weeks, and we kept to that. They were, it had to be by phone, ah, during the worst times of the pandemic, but we never stopped enrolling people and we never stopped making that commitment to two weeks. Because what I didn't want this to be is just like a, a plastic card, um, and nobody knows what the plastic card is for and after a while everybody gets cynical and loses the plastic card. I wanted it clear that the plastic card equals an appointment with a primary care doctor in two weeks, and that within two weeks, and that that then means you're connected to the system.

COUNCIL MEMBER LEVINE: This is, this is great to hear. Can you say anything about, um, ah, increases in, in accessing care? Are people coming in more for either annual physicals or vaccinations or, um, are, are you finding that you're catching early diagnosis of whether it's diabetes or other conditions, ah, more frequently of those who have enrolled in NYC Care?

DR. KATZ: Ah, visits are definitely up. Um, I don't, I have to think about how I would

measure new diagnoses. That's, I have to think about that, whether how I would know whether or not new diagnoses are up. So let, let me give that question some thought and see if there...

COUNCIL MEMBER LEVINE: But, I mean, ultimately the, the idea would be that people who otherwise might not have sought medical care until they were in crisis and showed up in an emergency room are gonna be able to catch things earlier and that's better, first and foremost, for the patients, of course...

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER LEVINE: Um, ah, and I'll wrap up. But it's also better for the medical system because it's just, it's cheaper and easier, ah, to, to treat something early, ah, to prevent it from, ah, developing into a crisis. Um, and, and I'll wrap up, but, but maybe you could just close with any thoughts on, on whether how you, and how you think that's actually going to play out in reality, that we will be able to avoid, um, medical conditions escalating to crisis.

DR. KATZ: Well, first I'd like to make you an honorary primary care doctor...

COUNCIL MEMBER LEVINE: [laughs]

DR. KATZ: ...for, you know, thoughtful explanation of why primary care matters. I do think, based on my own medical practice and the practice of my colleagues that when people know, um, that there's a place to call they don't go to the emergency room. Um, and they get better care because in an emergency room the person taking care of you doesn't know you, and none of us as doctors take as good care of people we're just meeting as we do of people that we know and understand, um, because when we know them we know what their baseline is, um, and we can tell, and it's especially important when you're taking care of people with underlying illness. If, if you're, if you're a healthy person, a doctor should be able to say you're a healthy person at every visit. But if you have a lot of underlying illness, knowing how short of breath you typically are enables a doctor to know whether or not to change your medicines for congestive heart failure. If I don't know how short of breath you are at your baseline it's very hard for me to know how to adjust your medications. Um, and so I think that's why primary care makes such a difference.

COUNCIL MEMBER LEVINE: OK, thank you for that, ah, and, and again, thank you for everything that you and the team have done and, and, ah, back to you, ah, Chair Rivera. Thanks so much.

CHAIRPERSON RIVERA: Thank you. Thank you, Council Member. Thank you for everything you've done during this crisis and, and for your thoughtful questions here today. So, ah, to all of you, ah, I, I just have a few more questions and then again I know we have people waiting who are also listening and anticipating a lot of, a lot of, ah, your responses. Um, so as I stated in my opening remarks, I certainly want to advocate for Health and Hospitals' work and thank all of the staff at Health and Hospitals who have worked so tirelessly this last year. So you've heard us thank you and we are incredibly grateful. And we also need to be holding you accountable, which I always make sure I let people know, all of our health leaders across the city. So I remain deeply concerned with some of the, the lack of detailed financial information that Health and Hospitals provides this committee and the public, and so I, I know that Dr. Katz, you were nominated by Mayor de Blasio to serve as the CEO and

president of H&H and, and we started our jobs at roughly the same time. Do you believe that Health and Hospitals deserves less public accountability than other agencies, like DOHMH or DOT simply because it is a public benefit corporation?

DR. KATZ: No, no, I believe in the same level of transparency.

CHAIRPERSON RIVERA: The administration explained to the council's finance division that it will not furnish a breakdown of head count by funding source at Health and Hospitals. What's the rationale for this position?

DR. KATZ: I, I didn't, I've never heard that. Ah, I mean, by funding source, I guess I can a little bit understand that and maybe John can explain it, I don't think of a nurse as having a funding source, say, that is, or myself or John or an environmental service person. I think if we have the expenses that we have, and we have the revenues we have. I mean, there are some specific programs. So, for example, ah, the state will fund a specific, ah, action treatment for patients with psychiatric programs. So that would be an example where there would be a very detailed, state provides this funding

and this service. But most of our funding I would say is a general pot of funding and what's my job is to make sure that, ah, we have enough funding to cover my expenses. Ah, John, do you have a, can you explain it better than I have?

SENIOR VICE PRESIDENT ULBERG: Yeah, I, I would say, ah, Council Chair, I, I think, um, we had forwarded, um, over to you, um, our recap of the financial plan, um, at the halfway point. And prior to COVID we had a cadence where I thought we would, you know, sit down with your staff and just, you know, give you a briefing if you thought it was useful over on the, you know, the financial performance of, of Health and Hospitals, and, and maybe, you know, we could get back, you know, into having those, you know, scheduled meetings. I, I feel very strongly that, you know, we are, we are just the caretakers of public dollars and, and there's an obligation, I feel pretty strongly that, ah, we need to be transparent, maybe more transparent than other healthcare systems for that reason. Um, but we do in the package that we gave you, provided you a break-out of, you know, the staffing, ah, changes and the growth. Ah, I think it's a very

interesting story to tell. It's very strategic, right around Dr. Katz's agenda, not only to hire more nurses and nurses' support, but we also made substantial investments in revenue cycle, which is, you know, obviously working, um, and then strategic investments in staff really did generate, ah, better care, better access to care, and, and future, ah, financial benefit. But we're very happy to, ah, go through with you, um, you know, any questions, any data that you require we [inaudible] to get that to you.

CHAIRPERSON RIVERA: Thank you. And, you know, our, our finance division works incredibly hard to put these reports together to prepare us for these hearings, so I appreciate your commitment in, in outlining any, you know, further efforts you're making to address some of these transparency issues, and committing to make more information available, particularly around the areas I highlighted in my opening remarks. So thank you, um, for your pledge. So how has the COVID-19 pandemic impacted H&H's financial transformation plan?

DR. KATZ: Um, you know, it's not an, not an easy question. I've, I meant only in the sense

that we don't live in parallel universes. Um, the, the positive is that despite COVID, putting aside our tremendous expenses for COVID, we've continued to increase revenue and that was the major part of the fiscal transformation plan, is decrease administrative expenses, um, provide more nursing and other clinical services, and bill insurance successfully, and I'd say that we have done that. Um, the part about the parallel universe is if COVID had not happened we would have had more opportunity to focus on, you know, what are the services that we can expand, how are the other ways we can, you know, work to increase revenue. And so I'd say we've stayed on the plan. It's just a little, this, this last year has been a little disorienting, right. We start, we started with one plan and we ended with a different plan in the sense the new plan was survive, oxygenate, keep people alive, um, was our number one focus, you know, throughout. But, but I'd say, you know, at the end of the day when you look at the figures that, ah, John Ulberg has provided, we've, we've also hit the revenue targets. Um, and the fact that, that, ah, which, ah, Councilwoman Rosenthal talked about. Obviously the, um, the change of FEMA

to 100% makes a huge difference, right. If you just take, if you just imagine that we were, ah, presenting you the same, ah, budget but we owed 500 million dollars of the COVID response, we would have been in a very different position.

CHAIRPERSON RIVERA: What are the total costs that are being spent on consultants and temp nurses and other temp staff? How does this compare to the previous fiscal years?

DR. KATZ: I'll give a general answer. Ah, definitely we've spent a huge amount on temp nurses, um, because, I mean, we would try, at one, just to give you some sense of the magnitude, at the height we had, ah, nine, in wave one we had 9000 people who were not regular employees of Health and Hospitals working for us. Some were from the military. Many were registry. And they weren't all nurses. But we never would have been able to take care of everyone. I mean, we, we were hiring all people who were qualified to help us. Um, and there's no question, especially in the second wave, um, the premium costs on registry has been very high. In wave one New York City was really heavily impacted, but the rest of the country was not so

much. So we were able to draw traveling nurses. In wave two the rest of the country has been heavily impacted and so it was very difficult to draw, ah, registry nurses. But nonetheless, again, for right or for wrong, my, my orientation has been we have to get the nurses we need, right. But that is the number one priority and maybe some of them will want to stay with us. So I'm hoping that as the, um, as the second wave subsides we will use fewer and fewer registry nurses and we are, we remain prepared to hire every nurse who wants to work for Health and Hospitals. Um, we, the nursing profession has a fair amount of attrition because it's hard work, it's physically hard work. Um, it's emotionally hard work. So I, I will hire every qualified nurse and those who worked for us as registry, we know, they know us, we know them. Um, they would be a particularly attractive group to us.

CHAIRPERSON RIVERA: Did, did the pandemic affect registered nurse retention at H&H? I know that was certainly an issue even prior to COVID.

DR. KATZ: We had huge losses, um, because of illness. Um, I, I, you know, again, that's a great question. I haven't looked to see was

our, you know, ah, retirements more this year. It certainly, Chair, wouldn't surprise me. I mean, people, ah, you know, people, and it probably will, if so, intensify in the coming months. People are exhausted. Ah, people are traumatized. Um, and there may be a fair number of people in our system who are working to see this through, ah, because they're incredibly committed and they realized their colleagues depend on it and when they see the numbers go down and the census return to normal, they may well say I did my all, now I'd like a rest. Um, but I'll find out. I don't, I'm not aware that the overall attrition was higher this year than past years. But I'll find out.

CHAIRPERSON RIVERA: All right. I would, I would really appreciate that, because I know it's, it's not just an issue of retirements. I know we have too many young nurses or, you know, um, you know, newly trained nurses coming to H&H for training and then leaving for higher-paying jobs at voluntary systems. And how do we address that long-term attrition issue? And would you say the, the pandemic also affected some of the staffing ratios? I know

they're two different questions, but they're somewhere related.

DR. KATZ: Well, the staffing ratio is easy. Yes. I mean, I mean certainly at the height of it, um, because we had people taking care of many more patients than we would ideally want. Um, but we also, you know, tried to help them learn how to do that. So, for example, many of the rules about charting were minimized, um, during the height of the pandemic, when we said what you need to do is keep everybody oxygenated, you know, that's the number one, you know, goal. I think in terms of fixing the, the nurse attrition issue for the younger nurses, um, the keys to that are retention bonuses and, you know, I, I think, ah, OLR, ah, has been much, ah, helpful in understanding our concern and it's specific to civil service systems, to typically, in a civil service system you raise salaries because you cannot recruit. That's the typical reason that civil service systems say you have to increase. I think what people missed around nurses was, well, we could always recruit. We have no trouble recruiting in the sense of brand-new nurses. But then when you get brand-new nurses you have to train up to six months.

So for six months you get, um, you have the cost but you don't yet have the benefit in terms of patient care, and then if they work for you for two years and then they have the requisite experience to work at a private sector you've spent a quarter of the salary training them, and now they're maximally valuable. So OLR sees now, I think, that you have to figure out, it's not just a question of can we recruit nurses, it's a question of can we keep those nurses who are most valuable to us. And John helped the case by showing how inefficient it was to spend a quarter of the time training nurses only to have them leave, and it was on that basis that OLR granted us promotional increases, so that each time nurses stay a few years they're able to get bonuses, and I think now we have to look and see how well those are working and how, whether or not they need to be adjusted in order to keep nurses.

CHAIRPERSON RIVERA: I know you've been vocal and, ah, I think on the record, as acknowledging that, you know, we do need better staffing ratios as specifically as it relates to nurses. Um, you know, I just wanted to, to ask has the pandemic affected, we've heard from, you know, a

couple organizations. Has the pandemic affected negotiations with unionized H&H staff in any facilities, like I imagine there have been delays in maybe picking up conversations that were started months ago, or even a year ago?

DR. KATZ: Well, I think our big nurse contract was done before COVID, right, and that was, um, as was our, ah, our large contract for our environmental service workers and our other public employees. We did just resolve a few months ago into COVID our Doctors Council. So, yes, yes in the sense that, ah, it's been very hard for any of us to focus on anything other than, than keeping people oxygenated. Um, and so, you know, unions have the right to certain information, right, they want to know what's your financial picture, they want to know what, what is going to be people's roles going forward, and it's been challenging for us to devote enough time to some of those questions. So, ah, I think we lucked out that the big contracts were set before COVID hit. Ah, I think a lot of people are wondering what the, the physician healthcare market will be like. You know, we, we don't think of ourselves as a market, but the rest of the market

affects us, right. So the parts of the private sector that are focused on revenue generation, whether or not the patients will fully come back, and if the patients do not fully come back what that means for the demand for doctors and nurses. Certainly for the first time I've heard of primary care doctors in New York, ah, being let go, um, because of lower demand and the fiscal problems in, in private sector. So I think there's a little bit of question mark of, you know, what, what the market will do to affect our salaries, um, and our retention rates.

CHAIRPERSON RIVERA: I would, I would say I think I had a conversation with 1199 specifically on some of their workers. So maybe just follow up with them.

DR. KATZ: OK.

CHAIRPERSON RIVERA: But, um, from what I understand, T2, I think they employ about 1600 staff. You can correct me if I'm wrong on that. Um, how many of the 1600 T2 staff as of February are contracted? Do you know what the negative demographic breakdown is of that? And I'm wondering, um, are there options for some of those individuals

to transition to full-time work, considering your plans.

DR. KATZ: Well, again, I'm always in favor of, um, people being employed, not being contractors. So I'm a public sector person, I always want to make the investment in someone, and I want them to make the investment in me. I want them to say I want a career in Health and Hospitals. I don't, I don't want people who are, well, this sounds like an interesting job for two months and then I'll do something else, because we've put a lot of effort into training people. Um, last I looked, unless John has more, ah, information, it was about half and half of the total T2 staff. About half were H&H employees. About half were contractors. And each month we tried to bring on more of the contractors. Um, right, so the reason for the contractors at all is simply the speed of hiring, um, and so you hire the people, ah, that you can and then you try to convert the rest. Again, I'd say there's a big on, you know, what exactly does the future look like for testing in, um, New York City, right. At one point we hit 100,000 tests in one day. Is that what it's gonna look like on, you know, July 5? It's very hard

at this moment to, to predict, right. Will we want pop-up testing all over? Will all of efforts be vaccination? Will we be preparing for another wave of vaccination next fall? I could see that. I could see how, you know, my summer work is preparing for a booster shot and how, how are we gonna get a booster shot to 8 million New Yorkers? Um, so many questions at this point.

CHAIRPERSON RIVERA: Agreed, and, and I'm just gonna pivot back to mental health for my last, my last three questions, um, because I, I do know with all of the, all of the talk of staff and, and the doctors and the nurses and what they've been through and all, all New Yorkers, just a quick focus on mental health, and, and just quickly to CHS, how is CHS providing mental health care on Riker's during the pandemic, given that you are, sadly, one of the largest providers of mental health treatment in the city, and then what other healthcare issues is CHS tackling most often in its care for incarcerated individuals? Is it, is it mental health or is it primary care?

DR. KATZ: We're gonna turn to Dr. Yang, but I'll just I've met her psychiatrists and I can't

imagine a more dedicated, committed group of people to the mentally ill than the psychiatrists who work for Correctional Health Services. Ah, but, ah, Patsy, can you give a more general explanation?

DR. YANG: Sure, um, thanks, thanks. Ah, the mental, mental health has emerged, as in the rest of the community, as, as a, as a more prominent issue, um, certainly in the jails. I think in the first wave, um, last year, the concerns were like, like everywhere else, um, about COVID, about what it is, whether, whether I have it, how do I, do I have it, um, what will it mean to me, how, how do I find out? It was more anxiety about the, the disease itself. Um, we continued to be present. Um, we maintained all our services, ah, during, during that period of time. Um, certainly in our Pace and Caps units, um, our therapeutic units, our, our staff remained imbedded there. Um, we also established a mental health line for people who could call in and speak to us directly, um, and specifically about any, any mental health concerns that they have. Um, the concern, the concerns this time around, you know, a year something later, um, is less about, um, the disease itself than I think the, the fatigue that we

all feel, um, that, that, um, the isolation and, um, the impact of being incarcerated for a longer period of time, for a period of time where courts adjourned last spring, um, and depending on which court we're talking about, has come back or, or in some varying degree. Um, cases of people who were, ah, in the community were adjourned last spring for people who were in detention. They were also adjourned, um, and continue to be. So, so you have the, um, double impact of, of COVID concerns plus [inaudible], you know, not having [inaudible], um, and having uncertainty about when your case will actually be, um, handled and, and a decision made. Um, we, ah, so we continue to, to offer both telehealth and telephonic as well as in-person services, ah, and, and mental health remains a, a very big one.

CHAIRPERSON RIVERA: Thank you. No, I, I imagine, um, it's been incredibly challenging so please let us know how we can help advocate for those services. And, and for you, Dr. Katz, you know, I have Roberto Clemente Gotham Health Center in my district, and I know we touched on the shortage of psychiatrists just generally and, and what an obstacle that creates for our communities who

desperately need access. Has H&H seen Thrive provide fewer mental health service corps members and if so how is this affecting staffing levels at H&H facilities providing mental health services?

DR. KATZ: Ah, so, ah, the, ah, we actually when, ah, Thrive, um, did their reorganization we got more people who were able to help with Health and Hospitals because there was a shift in how they were using, ah, their resources, and so I think the recognition was that Health and Hospitals was a great site to both train people and, and to engage them. So, um, I think where, ah, there remains the problem is specifically around psychiatrists and, and what has to change is the, you know, just we've changed in the primary care the model needs to go to more of a team model as opposed to psychiatrist-led model. Um, the psychiatrist has a critical roll, but it doesn't have to be leading the team. The team can be led by a, a, ah, licensed psychologist, which is, after all, a Ph.D. level degree, a licensed social worker, um, and the medication can then be provided either by a psychiatrist or in some cases by family practitioners and, ah, internists, ah, it can be pediatricians,

can be very good prescribers as long as the diagnosis, what, what psychiatrists are also key for is, ah, correct diagnosis. So it, once the correct has been made if the person needs, um, ongoing treatment, ah, some of the patients could then be cared for from a medical point of view by a generalist as opposed to a psychiatrist.

CHAIRPERSON RIVERA: [inaudible]

DR. KATZ: [inaudible] a quick shout-out to Clemente, which is a wonderful place.

CHAIRPERSON RIVERA: Yes, they are. And so they've, they've, they told us they haven't been able to hire new mental health clinic staff through Thrive or through H&H to replace staff that have left. So I'll just ask that, um, H&H revisit that hiring issue. And then my last two comments, so we can wrap up. Ah, is, you know, at Jacobi Hospital I went to go visit along with, ah, Council Member Riley, a very important successful Cure Violence program called Stand Up to Violence, which is a critical violence prevention effort that engages victims of violence in the trauma ward and conducts outreach to at-risk young adults, especially communities with high rates of gun violence. And so

one thing that they told me was that, you know, families come in with children as young as 7 and 8, um, with, ah, suicidal ideation, with, um, just needs that they cannot provide without having a full-time psychologist on staff. And so I, I, they lack the funding to hire one. And so I'm hoping that you will, ah, consider advocating for that position to be filled at Jacobi Hospital, enabling for the program to expand in what we think is an absolutely critical way.

DR. KATZ: I'll look at that right away.

CHAIRPERSON RIVERA: Thank you. I, I appreciate that. And then the last thing I'll say is that, you know, under your leadership, of which I as an ally, you know, to the LGBTQ community, we are very thankful. We've see a vast improvement in, in trans and gender nonconforming health care, including a $390,000 program for transgender health care trainings and community outreach workers, which was actually baselined in fiscal year 2020 and, and again, thank you. This funding is, and of course thank you to the advocates who made it happen. This funding is included in the city's General Operating Fund, so it's, it's hard to know how many of the

community outreach workers have been hired and retained and how many trainings are being conducted. So we would love to have those numbers on the program so we can advocate successfully and, of course, just, just, ah, many, many thanks, um, for, for your leadership on that and for everything else. And I guess with that, you know, go ahead, yeah.

DR. KATZ: Thank you.

CHAIRPERSON RIVERA: You're, you're welcome. Um, with that I think I'm just gonna wrap up. I want to thank you for your, your time, for your testimony, for answering our questions, all of my colleagues, of course, the staff, um, at the council who made this hearing happen. We're looking forward to some of follow-ups, some of the numbers, some of the data, the information, and of course that pledge for greater transparency from H&H, and always looking forward to our partnership. Thanks, thanks to all of you.

COMMITTEE COUNSEL: Thank you, Chair, um, and I'd to thank this, ah, panel for their testimony, and we'll be moving on to, ah, public testimony at this time. I'd like to remind everyone that we will be calling on individuals one by one to testify, and

each panelist will be given panelist will be given three minutes to speak. For panelists, after I call your name a member of our staff will unmute you. There may be a few seconds of delay before you are unmuted, and we thank you in advance for your patience. Please wait a brief moment for the Sergeant at Arms to announce that you may begin before starting your testimony. Council members who have questions for a particular panelist should use the Zoom raise hand function and I will call on you after the panel has completed their testimony in the order in which you have raised your hands. I'd like to now welcome our first public panel. In order, I will be calling on Carmen Charles, followed by Anne Bove, followed by Ralph Palladino, followed by Natasha Anu Anadaraja, followed by Steven Ciotti Miller. Carmen Charles, you may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

CARMEN CHARLES: Hello? Hello?

COMMITTEE COUNSEL: Hi, we can hear you. You may begin.

CARMEN CHARLES: Can you hear me?

CHAIRPERSON RIVERA: We can, we can.

CARMEN CHARLES: OK. Good, good afternoon. Good afternoon, ah, Councilwoman Rivera and all the members of the committee. Ah, my name is Carmen Charles. I am the president of Local 420. I represent public healthcare workers in, ah, Health and Hospital. Before I begin my testimony I would like to join the committee in expressing my [inaudible] to the horrendous act of violence against our Asian brothers and sisters in Atlanta and around the country. Hate has no place in our society, and I stand with the AAPI community in calling on Atlanta to treat these killings as a hate crime. Local 420 represent 8700 hospital workers across New York City public health system. Along with technicians and aide employed by the Office of the Chief Medical Examiner and the department, um, Fire Department and the correction, Department of Correction. It has been more than a year since COVID-19 has ravaged New York and the entire country. COVID-19 vaccines are starting to end the pandemic and hopefully by the summer we will enter some sense of normalcy. The heroes of Local 420 have fought the scourge of COVID-19 with everything we have to protect our communities. Unfortunately, we have lost over two

dozen members to this dreadful virus, one of them very recently. Despite the heroism and selfishness of my member, I am here to ardently plead with this committee to prevent the cuts to H+H. Governor Cuomo's executive budget proposal included cuts to H+H at 139 million in fiscal year 2021, and 334 million in fiscal year 22. These cuts will be devastating to the system's ability to provide health care to the people most vulnerable among us. H+H was the tip of the spear against the very worst of COVID-19. The battle that Local 420 members and other healthcare workers waged against the pandemic at Elmhurst, Bellevue, and Coney Island, and throughout the rest of the city became a national model for resiliency and grit. We helped teach the rest of the world how to deal with this disease and now we are faced with crippling cuts to H+H, which will impact our ability to care for the 140,000 patients we serve each year. Um, so much for gratitude for all of our sacrifices. We understand that the state's finances and that, that of the city are in [inaudible]. However, it...

SERGEANT AT ARMS: Time expired.

CARMEN CHARLES: ...[inaudible] it would be tragic to balance the budget on the backs of the works. I thank you for giving me the opportunity, um, to testify before this committee. Let us also address the disastrous efforts of outsourcing and subcontracting of H+H services and work towards providing the city with better value by utilizing the [inaudible] workforce. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Anne Bove to testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

ANNE BOVE: My name is Anne Bove and I'm a, ah, retired registered nurse from Bellevue Hospital after 40 years of service. I'm currently faculty at CUNY BMCC in the nursing department and I sit on the board of directors for NYSNA, as well as the board of directors for CPHS, and I'd like to make the following recommendations in terms of the City Council budget for health care. Um, we hope that the City Council will guarantee full financial support to New York City Health and Hospitals, that there will be no cuts and full funding to maintain services, and to expand staffing. And I can speak to

witnessing and being a participant in terms of establishing staffing for nursing ratios, which we actually had in the late '80s, but then we had a mayor, Guiliani, who did a lot of damage to H&H that we're still recovering from. Hopefully we want to expand New York City Health and Hospitals' foot print to address ongoing COVID, um, crisis that we're in, build and expand the public health infrastructure, and guarantee full operating needs for New York City Health and Hospitals, which is the backbone of the entire. Without Health and Hospitals there will be no health care in New York City. And Health and Hospitals provides a disproportionate share of care for Medicaid, uninsured, undocumented, services in poor communities, and serves a disproportionate number of New Yorkers of color. We need to reject the state executive budget to cut Medicaid, um, the idea of public hospitals in terms of ICP, um, and, ah, the DSH funding, as well as hospital reimbursement rates to, ah, local public, ah, health funding in terms of looking at Article 6. We also need to consider, given the infusion of funding from the federal government to the city, 5.6 billion, and to the state, 12.7 billion, all proposed cuts to New

York City Health and Hospitals, Medicaid, and hospital, ah, reimbursement rates, etcetera, must be rejected. The One-House Budget of the Assembly and the Senate, it appears that there will be an additional revenues given to, um, ah, without, in terms of raising additional 7.7 billion dollars and these additional revenues should be sent, obviously, to the sources that need them. We need to also explore ways for the city to address unfair distribution of the DSH and ICP money and general hospital funding that penalizes H&H and private safety net hospital. It gives too much money to well-off, large private hospital networks that do not do their fair share. And if you look historically, you can look back to when Civil Rights, um, Act was passed and the appropriate distribution of funds was being looked at back in the late Sixties...

SERGEANT AT ARMS: Time expired.

ANNE BOVE: ...those same hospitals, that these same hospitals are also the ones that are culprits of this. And like I mentioned to you, I could very much speak to staffing because we had a scientific method in terms of nursing to establish what the nurse-patient ratios were needed. And I

have given that to the City Council as well as to the state, and we'll give it again in terms of documentation to show how we met the needs of the patient for that one brief shining moment in terms of patient care delivery. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. I'd like to now welcome Ralph Palladino to testify. You may begin when you are ready.

RALPH PALLADINO: Good afternoon.

SERGEANT AT ARMS: Time starts now.

RALPH PALLADINO: Good afternoon. Ralph Palladino, representing Clerical Administrative Local 1549 and the MetroPlus HMO employees. Ah, I want to thank the City Councilwoman, ah, the chair, and also the City Council for their questions and their support always, ah, and also Dr. Katz and his administration for actually remaining on for this public testimony, because I have testified five times this, this, ah, past month and this is the only administration that has stayed on for the public. Um, I just want to say open up by talking about needs, and, ah, the city must continue to commit supporting New York City Health and Hospitals. 1549 has argued for this for 25 years. I have to give

credit to the administration for doing so, and this administration, the first one that's done that. Ah, we, we also want the City Council to be proactive this week about fighting the Medicaid rate cuts, the shifting of the ICP funding from the state to the city, and also we must end the global cap, which is nothing but, ah, an excuse to cut services. Um, the Gottfried-Rivera legislation in the state should be supported, ah, and also the Invest in New York program for fair taxation must be supported this week. Um, we are asking for the utilization of the civil service interpreter title to be used throughout the city, including New York City Health and Hospitals. We have patient representatives doing some of that interpreter work. Ah, it needs to be expanded. Interpretation of language has always been at the forefront of 1549's fight for the last 20 years. Ah, we need to expand it, that title, ah, and utilize the client navigator title for that as well, because they can do that. We're asking for first responder and essential workers bonus pay, funding that the city will receive through the stimulus package. The city will get it. They don't have to spend it that way, but they should use it for what

it's used for. And we also have a frontline clerical administrative staff in the COVID clinics, ERs, clinics, ah, ambulatory care, intensive care units, and elsewhere that face to face, ah, work with COVID patients. Um, overall, I don't have anything negative to say about, ah, what's going on at, at New York City Health and Hospitals. I have rules for improvement in my written testimony. I will not, ah, go into it. There is a severe shortage of clerical staff, however. There is an overuse of, ah, of temps, no doubt, and I know we've been working [inaudible] administration to, to reduce that. But quality of work and HIPAA and other things are all at stake here. And also quality jobs, this should not be a low paid, ah, make work, ah, organization using low-wage workers to do the work that others were getting paid better to do. Ah, it's not right. And, ah, Dr. Katz I think knows this. On the positive side, the clinic appointment system has improved, among other things. So I just want to say...

SERGEANT AT ARMS: Time expired.

RALPH PALLADINO: ...[inaudible] that I addendum the telemedicine issue. I feel telemedicine should not be overused and not replace face-to-face,

person-to-person, ah, contact with, with the medical people. I document it. Also My Chart, I have some issues with that, but I think it's great to use. I just want to say finally it's a pleasure to precede, ah, my two friends, Carmen Charles and Amble Vey. I have to say that I've personally experienced in my time at Bellevue, not recently, but in the past what happens to, when you have shortage of nurses. Waits and also, um, extra shots of epinephrine in an emergency room for me because there was a shortage of nurses. It is important. Staffing all across is important. We need to improve and increase public health in the city. Let's stop fighting cuts. Let's start expanding. That's what we have to do now. We have an opportunity. Let's do it.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Natasha Anu Anadaraja to testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

NATASHA ANU ANADARAJA: Hi. I'd like to thank, ah, the Committee for Hospital, Chair Rivera, thank you very much. Um, for everyone here and your teams, thank you for your incredibly hard work over

the past year. It's inspiring to hear about everything that is being done and all the incredible and hard work that is being done. And I'm here to talk about the nitty gritty of protecting our workers. I'm a pediatrician, a public health doctor. I'm currently working as a vaccinator in East New York. I'm here as cofounder and director of COVID Courage, a not-for-profit organization. We've been working for several months with the New York State Nurse Association and the Office of the Public Advocate to facilitate a doctrine of reusable elastomeric masks across New York City. We understand that attention has recently been consumed, rightly so, by vaccination and staffing issues, but we urge the Committee for Hospitals not to overlook the ongoing need to adequately address PPE issues, especially as our city faces an influx of new COVID variants, some of which threaten our vaccination strategy. I would also say from my own experience and those of my healthcare colleagues that a significant proportion of the anxiety and burnout and turnover that you are seeing is perpetuated and heightened by the lack of safety we feel in the workplace. And so adequate PPE is a mental health

issue for us and it is also a staff turnover and maintenance and retention issue. Elastomeric respirators are securely fitting, advanced air-filtering respirators, many of which are approved by [inaudible], recommended by CDC, authorized by the FDA for use against COVID. They are reusable, durable, cleanable masks made of silicon or plastic, which take replaceable filters of N95 level or even higher. Unlike traditional disposable N95s, they can be used day after day indefinitely. One elastomeric respirator provides the same level of protection as an N95, but can do the work of thousands of disposable N95s. This is an example of an elastomeric, another example. This is your traditional disposable N95. We are advocating for the widespread adoption of these reusable elastomeric respirator masks for New York City healthcare workers. Several health systems across the country have already successfully implemented elastomerics. And in New York City, NYU Langone, the Bronx V.A., the Brooklyn Hospital Center, and CenterLight Health are a few of the programs that have successfully implemented elastomerics. Current prices for [inaudible] certified disposable N95s range from

$2.50 to $5.00 per mask, depending on order size. For many healthcare facilities these prices are prohibitory and they result in an ongoing rationing of N95s. In addition, facilities still struggle to obtain timely deliveries of the specific models and sizes that they need. An MSA basic mask, like this one, can be obtained for approximately $20. More advanced models with sourced control and communication enhancements are available for approximately $40. You can see that the break-even of providing a healthcare worker with an elastomeric mask happens within a week, or even less.

SERGEANT AT ARMS: Time expired.

NATASHA ANU ANADARAJA: Importantly, the addition of elastomeric reusable respirators to a hospital's PPE strategy also frees up available N95s for redistribution. We respectfully ask the Committee for Hospitals to commit to the sustainable, equitable protection of the New York City healthcare workforce by supporting the integration of elastomerics by making elastomerics available for all frontline health workers at H&H care facilities, supporting and promoting other New York City hospitals to transition to elastomerics, including

elastomerics in city-level procurement and stockpiling plans. Thank you for your consideration of this important step.

COMMITTEE COUNSEL: Thank you for your testimony. Next, ah, we will hear from Steven Ciotti Miller. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

STEVEN CIOTTI MILLER: Ah, thank you, Chair Rivera and council members for Hospitals. Um, I'm mainly here to testify and, ah, echo, ah, the work that, ah, Dr. Anu Anadaraja has already presented. Um, since the beginning of the pandemic, um, our hospital at Brooklyn Hospital, ah, we have implemented an elastomeric program, um, most of which was funded through, ah, money that we could drum up through support organizations like COVID Courage, also some of it from our diminishing budget at our own hospital. Um, it's, ah, alarming to hear about cuts to the proposed budgets for hospitals to the city, um, in the coming fiscal years, because as health care grows more and more expensive there needs to be more, um, money spent in health care and not less. Um, but elastomeric programs are obviously a way for the city to save money, um, on the budget

that they do have. Ah, it just makes a lot more sense to invest that money on something that's reusable, it's not gonna wind up in a landfill, um, and offers superior protection to the staff, ah, without the added stress of having to find PPE when it's required. Um, if this pandemic has proven anything to us it's that things like this are gonna happen in the future, um, by pretty much a guarantee, um, this is gonna be of greater occurrence and not a lesser one. And so the city should really plan for this by investing in, ah, stockpiles of elastomerics and also to help hospitals to budget for these things and encourage them to utilize elastomerics for resiliency protection. Obviously, previously, ah, respirators like N95s weren't necessary and as larger numbers because we mainly used them for TB patients, and although we still treat TB patients every day, we don't treat them with near the frequency that we're treating COVID-19 patients. Ah, we're treating, ah, 20, 30 patients a day, ah, and multiple staff members, multiple visits each day, it just adds up to a huge number of, ah, of disposable N95s being required, um, whereas in the past, ah, year I haven't used a single, ah, disposable N95 in my patient

encounters, many thousands of hours and many patient encounters that I've done, intubations and imaging vented, ah, COVID patients in our ICU. So I want to try and encourage the council to really take this issue seriously. I did testify back in May on the same issue and, um, I think it's something that needs to be looked at very seriously. It's, ah, it's definitely the answer. Um, moving away from, ah, disposable N95s is something that's more sustainable, um, is, is an obvious choice. Um, and thank you for your time, and I can answer any questions if you have any.

COMMITTEE COUNSEL: Thank you for your testimony. Um, I'd like to ask Chair Rivera if she has any questions for this panel.

CHAIRPERSON RIVERA: I just want to thank you all for your advocacy. I've learned a tremendous amount from, from the people on this panel and, um, ah, I think there's been a valid call here for thinking about how we can create a more sustainable way to protect, um, our workforce and our staff. So I want to thank all of the advocates and, and our allies in labor on this call.

COMMITTEE COUNSEL: Thank you, Chair. And I'm just to quickly ask if any other council members have questions at this time. Seeing no hands, I'm going to thank this panel for their testimony and we'll be moving on to our next panel. In order, I will be calling on Mohamed Shajahan, followed by Hallie Yee, followed by Maryam Mohammed-Miller, followed by Robin Vitale, followed by Kevin Collins. Mohamed Shajahan, you may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

MOHAMED SHAJAHAN: Yes, hi, good afternoon. I am, ah, head of [inaudible] service at the Brooklyn Hospital Center. Thanks, Dr. Anadaraja and Dr. Miller. I am going to testify the use of this elastomeric reusable respirator and we've been using this year and we are very grateful to COVID Courage. They were able to give us quite a few masks. Um, we have protected successfully of, say, a few hundred of our nursing staff and our respiratory therapists, as well as several residents, and as a result of this we are using less of the N95, and this elastomeric masks obviously they need to be [inaudible] and it really does support a wide better

protection than the N95. The N95, as you know, it's a [inaudible] protection only 95%. However, the elastomeric masks rated with the P100 style of filters that actually gives you 100% filtration capacity as a result. It is totally better for the healthcare providers. I sincerely hope that the City Council and the New York City Hospital as a whole they will start to embark on this particular process so that we don't have to depend on N95. The problem with N95 is every time we keep changing the, the style of the mask we need to fit test every staff member. It is also very prohibitive. Fit testing is not simple and easy. You need to go through the various processes. So I sincerely hope that this is the right way to go for the future now. We never know what may in store for us for the future. I sincerely think that the City Council, that New York City as a whole will march towards this idea of, ah, reusable respirators. If any questions anyone have, please feel free. I thank you for all the good work the City Council is doing.

COMMITTEE COUNSEL: Thank you so much for your testimony. Next, ah, we'll hear from Hallie Yee. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

HALLIE YEE: Hi. My name is Hallie Yee. I'm the health policy coordinator at the Coalition for Asian American Children and Families. Um, we are the nation's only pan Asian children and families advocacy organization, leading the fight for [inaudible] equitable policy systems, funding, and services to support marginalized Asian Pacific or APA children and families. The APA population comprises over 15% of the city. Yet the needs of our community are often overlooked, misunderstood, and uncounted. We're constantly fighting the harmful impacts of the model minority [inaudible] and the perpetual foreigner stereotypes that prevent our needs from being acknowledged, understood, and addressed. This means our communities, as well as the organizations that serve them often lack resources to provide critical services for those in need. We work with over 40 member and partner organizations to identify and speak out on common challenges and needs across our community. We also want to [inaudible] for Access held at NYC, an initiative that funds community-based organizations and federally qualified health centers to provide education, outreach, and

assistance to all New Yorkers of the [inaudible] access health care and coverage. Um, right now as the city continues to face the COVID pandemic we are unfortunately witnessing some of the shortcomings in our health care and other safety net systems. Already marginalized communities disproportionately hard hit by the impacts, on top of facing job loss and poverty, many families remain underinsured or uninsured, undocumented, and ineligible for unemployment or the federal stimulus for individuals. Additionally, the state seems on the verge of cutting Medicaid once again and Article 6 matching funds for critical public health programs in New York City. We know that in a lot of Asian subgroups more than half the populations have limited English proficiency, which is preventing them from having access to timely COVID information and care. Our communities have many individuals who are afraid to seek testing and care due to those language or cultural barriers. Those language problems aren't new. Unfortunately, they're just one more like health disparities that have been ignored for far too long and are now compounded in the midst of the pandemic. These egregious gap in language access has led to our

communities to rely once again upon CBOs, who serve them in the absence of the city resources. Our fear and anger as Asian American community is real. Our collective trauma has built up for more than a year as our community has been used as, as scapegoat for the global pandemic and the follow-up from an ill-prepared government. What we're seeing today is rooted in the history of racism in this country and the real threat of white supremacy and white nationalism. The pandemic is devastatingly impacted APA New Yorkers by exacerbating systemic inequities. And we are seeing so little funding given to our communities that need it, especially now. Um, I want to touch on the Article 6 cuts especially. Ah, last year the city was able to fill in the losses from Article 6 cuts at the state level, yet the governor's executive budget for this year cuts them even further to 10%. While we're pleased that our advocacy efforts have led to the rejection of that in our, in the One-House bills, um, we are still advocating for full restoration to 36% for New York City and request that the city again provide any and all backfill necessary to make public health programs like Access Health whole. New Yorkers need to be able to

continue to receive the health services information...

SERGEANT AT ARMS: Time expired.

HALLIE YEE: ... [inaudible] in a linguistically and culturally responsive way during this difficult time. Thank you for your dedication and service to New York City, especially at this challenging time. We you hope you are staying as well and safe as possible. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. Next we'll hear from Maryam Mohammed-Miller.

SERGEANT AT ARMS: Time starts now.

MARYAM MOHAMMED-MILLER: Thank you. Um, can you all hear me? OK, thank you. Ah, thank you so much, ah, to Council Member Rivera, chair of Hospitals Committee, ah, the entire council. Um, definitely want to thank, um, health, um, Health and Hospitals, um, for the continued work through the pandemic, um, and all the hospitals systems here today and all the advocates. Um, again, my name is Maryam Mohammed-Miller and I'm the government relations manager at Planned Parenthood of Greater New York, um, and I am here to, ah, testify in

support of, ah, funding requests we put in, um, in the hopes the council will support our continued work, um, in communities throughout the city. Ah, Planned Parenthood of Greater New York has probably provided the full range of sexual and reproductive healthcare services, ah, for over 100 years. Um, and in that time we have worked tirelessly to ensure all New Yorkers, despite their background, ah, could access our services in culturally relevant and equitable ways. And we recognize that during this devastating pandemic that the same communities we serve, the same marginalized communities that Planned Parenthood serves were hardest hit by the pandemic. Um, like many New Yorkers and organizations, we also suffered, ah, financial hardship due to, ah, decreased revenue, um, a 15% cut in last year's, ah, council discretionary funding budget, and a reduction in private donations. Um, but, again, we still, um, have, ah, continued to provide our services and have, ah, transitioned our, ah, service delivery models, ah, to telehealth, ah, to continue to provide these services, um, despite, ah, ah, the pandemic and the stay-at-home orders, um, being able to safely provide those services while people are home and can still

connect to their provider, providers, excuse me. Um, and this year we are requesting funding, um, from several initiatives, um, enhanced funding from the Reproductive and Sexual Health Initiative within the budget to support our clinical work at our health, ah, centers and our, ah, the work of our youth health promoters, which are young people who are trained to provide sexual and reproductive healthcare education to their peers to remove the stigma and a barrier to access again for young people. Um, we are also requesting funding, um, from the dedicated contraceptive fund to support our work, um, in our health centers and in our Project Street Beat mobile health center, ah, ah, to provide, ah, long-acting reversible contraceptive, ah, services to individuals who are uninsured, ineligible for public insurance, facing any financial hardship or do not want to use their insurance for confidentiality reasons. Um, we are also asking for, ah, support from the Trans Equity Programs Initiative to support our work again in our health centers and supporting the transgender...

SERGEANT AT ARMS: Time expired.

MARYAM MOHAMMED-MILLER: Um, and, ah, asking, ah, for support of the council again to support our Project Street Beat program, ah, which is a, ah, street outreach program with our mobile health center that provides sexual reproductive healthcare services, ah, to individuals who are at high risk for contracting, um, the HIV, um, HIV. Again, we, um, ah, Planned Parenthood of Greater New York, um, is proud to support, um, all New Yorkers, especially during this devastating time, continue to provide our services no matter what, no matter an individual's ability to pay, or any barrier, um, ah, to, um, accessing health, and look forward to working with the larger public health system, ah, to continue to fight this pandemic. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. I'd like to now welcome Robin Vitale to testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

ROBIN VITALE: Good afternoon, Chair Rivera and the members of the committee. Um, my name is Robin Vitale. I serve as the vice president of health for the American Heart Association here in New York City. Um, I'm very excited to riff off some

themes that were provided earlier this morning, um, from the administration and from members of the committee as well, specifically around how the AHA has had to focus on access to health care during this time. Um, nearly a year ago the organization went through a significant pivot, um, in a number of our strategies here in the city, um, thinking about how a number of our clinical partners, um, were struggling, um, in the onset of the pandemic. Um, nationally we went through a significant, um, overhaul to divert a number of our resources, um, notably 2.5 million dollars, around rapid response research, um, looking at how COVID is, ah, interacting and, ah, the long-term impacts with patients for cardiovascular disease and cerebrovascular diseases. Um, we launched a new data registry specifically to looking at COVID-19 patients. Um, the reference from, ah, Council Member Levine around emergency room care during this pandemic was also a significant concern for us. We launched our Don't Die of Doubt campaign, which helped to encourage New Yorkers to seek emergency care when they're having a heart attack or having a stroke, as even at the height of the pandemic, um, obviously getting that type of care was, um,

incredibly critical for survival rates. Um, we continue to be very focused on access to care and treatment for our patients. Um, notably we'll be launching shortly a similar program, focusing in on encouraging New Yorkers to re-engage in primary care services, um, as it obviously has been a significant, ah, concern and burden, um, in the aftermath of the pandemic. Um, we have done everything from adjusting our guidelines around treatment and care, um, thinking about how, ah, clinical, ah, caretakers are, ah, having to get recertified in CPR, making sure that everything we, um, have a control over, um, American Heart Association has been doing its part to support clinical care during this urgent time. Um, one of the things that we did early on in the pandemic was also reach out to our clinical partners that have been engaging on a number of initiatives with us, and just asking what they needed. What could we be possibly doing, um, to support their work on the front line. Um, and obviously the, the first response is always we need more PPE. Um, but then the second response was we need more resources to keep our patients at home, um, to help them engage in things like telehealth and the number one request was

around access to blood pressure cuffs. This is something that at the time we had limited resources to be able to provide. We were able to, to send some cuffs out into the community, um, to get them into the hands of our clinical, um, network, and, ah, we're very excited to do that and continue to look for opportunities to divert resources in that way. Um, but the demand is far greater than anything the Heart Association...

SERGEANT AT ARMS: Time expired.

ROBIN VITALE: ...[inaudible]. So we encourage the council to consider ways to expand that investment, um, to get more cuffs out to our clinical partners and to our health systems and making sure that we're able to continue expanding telehealth in this aftermath. Thank you so much.

COMMITTEE COUNSEL: Thank you for your testimony. I'd like to now welcome Kevin Collins to testify. You may begin when you are ready.

SERGEANT AT ARMS: Time starts now.

KEVIN COLLINS: Good afternoon, ah, Chairperson Rivera and committee members. Thank you for the opportunity to testify today. I'm Kevin Collins, the executive director of Doctors Council

SCIU. We are a union for doctors, as well as a voice for patients and the communities we serve. We're affiliated with SCIU and we represent doctors in different states, including New York, and here locally at the city hospital system and H&H. We believe in quality affordable and safe health care as a basic human right and social good for all, no matter who you are or where you're from. At Health and Hospitals we represent every type of doctor, from A, allergists and anesthesiologists, down to surgeons and vascular surgeons and everything in between. In representing every type of doctor, we also representing full-time, part-time, and per diem doctors. No matter whatever a doctor worked, every day or as needed, 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 healthcare workers who work in H&H facilities are directly employed by H&H. In contrast, however, while some of our members are employed by H&H, the substantial majority are employed by a subcontractor or 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 doctors receive a paycheck from the affiliate subcontractor who receives the money to pay the doctors from H&H. These subcontractors include NYU, Mount Sinai, Correctional Dental Associates, and a professional corporation known as Pagley, which is, ah, formed and wholly funded by H&H. Our members have 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 the disease. Our doctors often work short-staffed and are burnt out from going through the COVID, ah, pandemic. When COVID first hit New York City just over a year ago this month, we formed a 24/7 hotline. In all our decades of representing doctors we've never seen anything like that. We had doctors who told us they said goodbye to their families, not because they might just be staying away from them, but they did not think they would make it back to go home. We had

family members calling us crying because they did not think they would ever see their, ah, doctors, their, their husbands, their fathers again. We had doctors being sprayed from intubation procedures, dealing with, ah, finding N95 masks, newborn moms struggling with childcare issues, and on and on and on. Um, we're having a press conference on Thursday, March 25, at 12:00 noon this week at Elmhurst Hospital, along with H&H and Dr. Katz to say thank you to the doctors across the system who have worked the last year and given so much. Turning to budgetary matters, we refer you to our written testimony. We continue to call on the mayor and the City Council to recognize the challenges and to fully fund H&H. Ah, we are glad and we worked with our international...

SERGEANT AT ARMS: Time expired.

KEVIN COLLINS: ...[inaudible] rescue plan, um, and we thank Senator Schumer for giving the money coming into the state and the city. We have continued to meet, um, over the last number of weeks with many state assembly members and senators on the executive budget cuts. We're pleased with the One-House bills. But we call on the state not to cut funding to safety net facilities, such as Health and

Hospitals, in the middle of a pandemic. Um, with respect to the city budget, as we said, we continue to call on the mayor and the city to fully fund Health and Hospitals. Ah, we look for funding to address how communities of color disproportionately impacted by COVID-19 receive the sources they, ah, they need, as well as the vaccination efforts to, to go out to those folks as well. And we must be open to new ideas, ah, such as telehealth medicine and, and others to fund those, to bring Health and Hospitals not just through the pandemic but beyond the pandemic in whatever shape, ah, medicine will take going forward from there. So thank you for the opportunity to testify. Um, and we hope everyone keeps safe and keeps well.

COMMITTEE COUNSEL: Thank you for your testimony. I'd like to now turn it to Chair Rivera for any questions.

CHAIRPERSON RIVERA: Again, I just want to thank the panel and, and for all of you for your advocacy. I know we've worked a number of issues together. And specifically to, to Kevin Collins and, and everything you've done at Doctors Council. Ah, I'm just really thankful for your guidance and

leadership on this, and for your, how intentional you are in making sure we celebrate, you know, and acknowledge how much we've done together.

COMMITTEE COUNSEL: Thank you, Chair. Um, at this time we have concluded public testimony. If we have inadvertently missed anyone that has registered to testify today and is yet to be called, please use the Zoom raise hand function now and you will be called on in the order that your hand has been raised. All right, not seeing any hand, I'm going to turn it back to Chair Rivera for closing remarks.

CHAIRPERSON RIVERA: Thank you to everyone who testified today for bringing up a number of issues. I know we've been through a lot together and I, I think we all absolutely agree that preserving the budget as, as wholly as possible and expanding on, on the care that we desperately need, especially in our public system is, is critical. And to, and to Health and Hospitals, ah, for, for staying on the call, for listening to the public testimony, I think, ah, Mr. Palladino was right and that, that doesn't typically happen. So thank you very, very much for being here, um, to all of the advocates who

have made any sort of progress, any sort of accomplishment or celebration achievement possible during this past year, thank you for your tireless work. Um, and with that I will close the hearing. [gavel]

C E R T I F I C A T E

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

Date April 11, 2021