



Legislation Text

File #: Res 0339-2024, **Version:** B

Res. No. 339-B

Resolution calling on the New York State Assembly to pass, A.6004, and the Governor to sign, S.1226/A.6004, the Local Input in Community Healthcare (LICH) Act

By Council Members Rivera, Cabán, Avilés, Schulman, Banks, Ayala, Louis, Narcisse, Bottcher, Menin, Farías, Brooks-Powers, Krishnan, Nurse, Joseph, De La Rosa, Feliz, Gutiérrez, Marte, Brewer, Powers, Abreu, Won, and Hanif

Whereas, According to the Community Service Society of New York (CSS), from 1997 to 2024, 53 short-term acute care hospitals out of over 200 in New York State closed, including 20 in New York City alone, costing the state approximately 8,000 hospital beds or 16% of all hospital beds; and

Whereas, When accounting for the downsizing and closures of specialized hospitals, the number of beds lost between 2000 and 2020 rises to 20,000, according to CSS; and

Whereas, Mount Sinai, one of New York City's largest health systems, with eight hospital campuses and a reported revenue of \$10.8 billion in 2023, closed its 136-year-old Beth Israel campus (Mount Sinai Beth Israel) in the East Village on April 9, 2025, after a more than year-long legal battle, raising the number of hospital closures to 54 statewide and 21 within New York City since 1997; and

Whereas, New York State is additionally considering proposals to downsize or close State University of New York (SUNY) Downstate Hospital in East Flatbush; and

Whereas, Hospital closures have immediate and long-term impacts on their local communities in terms of health equity, access to care, and the local workforce; and

Whereas, The median share of residents of color in New York counties that experienced a hospital closure since 1997, 26 counties out of 62, is higher than that of New York counties that have not experienced a

closure, 21% compared to 12%, according to CSS; and

Whereas, SUNY Downstate is a safety-net hospital obligated to provide care to all patients regardless of insurance status and has the only kidney transplant program in Brooklyn; and

Whereas, Mount Sinai Beth Israel primarily treated lower-income patients; and

Whereas, A community-led Health Equity Impact Assessment (HEIA) carried out by the Community Coalition to Save Beth Israel and New York Eye and Ear Infirmary found that 80% of patients went to Mount Sinai Beth Israel for emergency care, and 77% chose the hospital because it was closest to where they live; and

Whereas, The closure of Mount Sinai Beth Israel coupled with the proposed closure or downsizing of SUNY Downstate would result in a loss of access to emergency treatment, specialty medical services, and continuity of care for the surrounding communities while putting additional strain on nearby hospitals that will be forced to absorb newly displaced patients; and

Whereas, In addition to negative impacts for patients, as hospitals are some of the largest employers in a community, closures can result in significant job loss; and

Whereas, According to the U.S. Bureau of Labor Statistics, support occupations including orderlies, nursing assistants, healthcare support workers, social workers, community health workers, security workers, food preparation and service workers, janitors, cleaners, groundskeepers, housekeepers, childcare workers, cashiers, file clerks, and maintenance workers make up a third of all jobs in General Medical and Surgical Hospitals; and

Whereas, According to the New York State Department of Labor, as of April 2025, there were about 415,900 people working in hospitals across New York State, with 197,100 of those people working in the New York City metro area; and

Whereas, Currently, facilities that have plans to close must receive approval from the New York State Department of Health (DOH) and the Director of the Center for Health Care Quality and Surveillance, but

community input, via a community forum, is only required by the New York Public Health Law after the hospital has already closed; and

Whereas, S.1226/A.6004, known as the Local Input in Community Healthcare (LICH) Act, introduced by New York State Senator Gustavo Rivera and Assembly Member Jo Anne Simon, seeks to amend the New York Public Health Law by requiring advanced public notice and engagement through a comprehensive review process involving field experts and community leaders before a hospital submits its final closure plan to the Commissioner of DOH, thereby ensuring transparency and community involvement in the decision-making process; and

Whereas, The LICH Act mandates that hospitals provide notice to DOH at least 270 days before a proposed closure, and requires a public community forum no later than 150 days before a proposed closure to gather input on a proposed closure's potential impact on healthcare access, particularly for vulnerable populations such as Medicaid recipients and the uninsured; and

Whereas, Following the community forum, the bill would require hospitals to submit a revised closure plan addressing public concerns within 30 days, which would then undergo further review by the Public Health and Health Planning Council (PHHPC), and to make the revised plan available to the public no later than 45 days after the forum to ensure community input is considered in the final decision; and

Whereas, This legislation had passed both the State Senate and Assembly in the 2023-2024 State legislative session as S.8843A/A.1633B, but was then vetoed by Governor Kathy Hochul; and

Whereas, In the current 2025-2026 State legislative session, S.1226 was passed once again by the State Senate; and

Whereas, If enacted, the LICH Act would require increased advance notice to the public, public disclosure of hospital closing plans, a community forum held well in advance of the closure date to allow public comment on the proposed closure plan, and preparation of a final closure plan that addresses concerns

raised at the community forum along with measures and recommendations to mitigate negative consequences;
and

Whereas, Stakeholder consultations and the development of a closure plan focused on real impacts will improve transparency, promote community engagement and empowerment, and could help prevent the loss of critical access to healthcare for underserved communities by identifying both alternatives and instances where an existing facility is vital and cannot be safely closed; and

Whereas, As hospitals in New York State are certified nonprofits licensed by the State to serve the needs of their communities, it is imperative that impacted stakeholders be adequately informed and proactively consulted before a hospital is permitted to close; now, therefore, be it

Resolved, That the Council of the City of New York calls on the New York State Assembly to pass, A.6004, and the Governor to sign, S.1226/A.6004, the Local Input in Community Healthcare (LICH) Act.

PR/MB/JN

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