



**New York City Council Hearing**

**FY26 Preliminary Budget Hearing**

**Committee on Hospitals**

**Mitchell Katz, MD**

**President and Chief Executive Officer**

**NYC Health + Hospitals**

**March 16, 2026**

Good afternoon Chairperson Narcisse, and members of the Committee on Hospitals. I am Dr. Mitchell Katz, primary care physician and President and CEO of NYC Health + Hospitals (Health + Hospitals). I am joined today by John Ulberg, Senior Vice President and Chief Financial Officer at Health + Hospitals, and Dr. Patsy Yang, Senior Vice President at NYC Health + Hospitals for Correctional Health Services (CHS).

I am pleased to be here to share an update on our financial performance for Fiscal Year 2026. As the largest municipal health care system in the country, Health + Hospitals continues to play a vital role in caring for New Yorkers across all 5 boroughs. Each year we serve over 1 million patients through our integrated system of 11 acute care hospital sites, 5 post-acute facilities, the Gotham Health network of clinics across the 5 boroughs, Correctional Health Services, and MetroPlus, our subsidiary health plan. Our skilled workforce of over 45,000 employees brings our mission to life every day. Together, they deliver high-quality health care services with compassion, dignity, and respect to diverse communities we serve, especially those who have historically faces barriers to care. **We care for NYC. No Exceptions.**

### **Accomplishments**

Over the past year, Health + Hospitals has continued to make important progress across our system. I am incredibly proud of what we have accomplished together and the momentum we are building for the future. Each milestone is a direct result of the dedication and resilience of our workforce, whose daily efforts make this all possible.

Our successes in the past year include:

- Opening a new 93-unit supportive housing residence at Woodhull Hospital to support patients experiencing homelessness and offer affordable housing for low-income New Yorkers;
- Increasing capacity of our medical respite program – which offers patients experiencing homelessness a place to stay and home-based medical services for up to 90 days after a major health event – to serve 100 more patients a year;
- Opening “Bridge to Home”, a new, innovative support model for patients with severe mental illness who are ready to be discharged from the hospital but do not have a place to go;
- Opening 16 school-based mental health clinics across the Bronx and Central Brooklyn, to bring mental health services to more than 6,000 students;
- Launching “Critical Time Intervention Teams” to serve adults who have had multiple psychiatric hospital or emergency visits within the last year and provide follow-up care for up to nine months;
- Launching “Hotspotting” at Lincoln Hospital to reduce overdose deaths and nonfatal overdoses building on great work initiated on Staten Island;
- Launching a bariatric surgery program at Lincoln Hospital to address obesity and obesity-related conditions such as type 2 diabetes, hypertension, and sleep apnea. This is an important step towards access and equity for chronic disease control;
- Launching a Women’s Heart Health Institute at Elmhurst Hospital to address heart disease, the leading cause of death in women;
- Adding a point-of-care lab testing, point-of-care ultrasound, and blood draw

services to our Street Health Outreach + Wellness mobile program to better serve New Yorkers disconnected from care and those experiencing homelessness;

- Opening a Minor Surgery Suite at Woodhull Hospital to enhance patient access, reduce wait times, and optimize surgical operations across multiple specialties;
- Launching dermatology services in our Gotham Health facilities for a broad range of skin conditions including eczema, acne, psoriasis and skin cancer;

Additionally:

- All 11 hospitals were named 2025-2026 Best Hospitals by U.S. News & World Report;
- All 5 nursing homes were ranked as “high-performing” by U.S. News & World Report for both the Long-Term Care and Short-Term Rehabilitation;
- Bellevue Hospital was recognized as a “Pediatric Innovator”, the highest level of recognition given by the Always Ready for Children Pediatric Recognition Program;
- NYC Health + Hospitals landed on the Epic Honor Roll for the third consecutive year for implementing best practices in its electronic health record, earning it a \$748,000 grant;
- Five of our hospitals – Elmhurst, Kings County, Lincoln, South Brooklyn Health, Woodhull – were ranked by US News & World Report magazine as high performing for uncomplicated pregnancies;

### **Financial Performance YTD**

Health + Hospitals has closed through November 2025 with a negative net budget variance of -\$59 million (less than 1% off target) due to some spending increases not

fully offset by revenue. The system is closely monitoring performance and fully intends to finish the fiscal year on target.

Our Strategic Initiatives associated with revenue cycle improvements, managed care contracting improvements, and value-based payments also remain on track. We have made key progress in reducing denials, improving our clinical documentation process, and enhancing our financial counseling efforts. Through November, we have achieved nearly \$150 million in new incremental revenue or savings in FY26 due to these steps.

Our February closing cash was nearly \$500 million (16 days cash-on-hand), a position generally in line with our average cash position through the fiscal year. We have also continued to work closely with our State and federal partners to receive prior and current-year payments that we are owed, including our Average Commercial Rate (ACR) State Directed Payment (SDP), to maintain our stable cash position. Though we are very proud of the work our Finance and Revenue Cycle teams do, we are always mindful of our thin margins and limited resources, and we thank you for your support.

### **FY27 Preliminary Financial Plan**

As we look at our Preliminary Financial Plan, we have positioned ourselves to maintain our fiscal stability and to withstand the coming headwinds from H.R.1, though uncertainty and risks remain. Our FY27 Preliminary Cash Plan continues our positive momentum and the receipt of the ACR SDP, resulting in a projecting operating gain of \$341 million in FY26 (a 2.6% positive) followed by operating gain

of \$164 million in FY27 (a 1.3% positive).

In reviewing our long-term outlook, the biggest risk we face is in the form of the federal reconciliation bill, H.R. 1. This legislation has deleterious impacts on H+H and our patients with harmful provisions, including Medicaid work requirements and six-month recertifications. Additionally, there are proposed changes to the federal funding associated with portions of the Essential Plan population. We are thankful for the Governor's efforts to maintain coverage and support the proposal to revert to the Basic Health Plan and we appreciate the progress the Executive is making. We are grateful for the Council's strong advocacy efforts to push back against these cuts and ask for your continued support.

As we look to the out years, we anticipate the full brunt of H.R. 1 impacts but have taken key steps to maintain our financial position. Even before HR 1, we were looking towards the future by securing our SDP and driving revenue, and we continue to take actions to reduce expenses. We currently project small operating losses of \$199 million and \$333 million in FY28 and FY29, respectively. We will continue to take steps to shore up our financial position, including implementing internal Strategic Initiatives and seeking continued investments in Medicaid. We are appreciative of the State's efforts to increase funding in their budget proposals, and also ask the Council for their continued advocacy on our behalf to protect Medicaid more broadly.

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



**JUMAANE D. WILLIAMS**

**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS  
TO THE NEW YORK CITY COUNCIL COMMITTEE ON HOSPITALS  
MARCH 16, 2026**

Good morning,

My name is Jumaane D. Williams and I am the Public Advocate for the City of New York. I want to thank Chair Narcisse and the members of the Committee on Hospitals for hosting this hearing and allowing me the opportunity to testify. I want to thank Dr. Katz and the folks at Health and Hospitals (H+H) for being here and answering questions before this committee.

It pains me that after the turmoil of the COVID-19 pandemic, which exacerbated health factors across demographics and contributed to staff shortages and high rates of turnover at many of our hospitals, we should find ourselves in a moment of uncertainty again. While state interventions and funding for healthcare in the Governor's Executive Budget aim to blunt the impact of federal cuts enacted under the Big Ugly Bill (H.R. 1), it is likely that hundreds of thousands of New Yorkers will soon be left uninsured, down from the initial 1.5 million New Yorkers estimated following the bill's passage.<sup>1</sup> In addition to loss of coverage, these steep cuts are also estimated to result in a loss of generated economic activity to the tune of \$14.4 billion with direct cuts to hospitals and health systems totaling \$8 billion.<sup>2</sup> Jobs-wise, the state could lose up to 65,000 positions in hospitals and other community health centers. While the city is limited in what it can do here, I look forward to hearing how we can best support our hospitals and other healthcare providers.

I also want to briefly highlight the importance of ensuring that our hospitals continue to provide gender-affirming care for our TGNC communities. Gender-affirming care is healthcare and at this critical time when protections are being rolled back and the LGBTQ+ community is under attack, we must be able to support TGNC New Yorkers who are simply trying to live their lives authentically.

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<sup>1</sup> ["BY THE NUMBERS: THE REPUBLICAN 'BIG UGLY BILL' WOULD HAVE DEVASTATING IMPACTS ON NEW YORK HEALTH CARE PROVIDERS, PATIENTS, EMPLOYEES AND COMMUNITIES." Office of New York Governor Kathy Hochul. July 2025.](#)

<sup>2</sup> Ibid.



### **JUMAANE D. WILLIAMS**

Finally, I want to turn my attention to B-HEARD. In 2021, New York City launched the Behavioral Health Emergency Assistance Response Division, or B-HEARD. Whereas the program previously paired FDNY EMTs and paramedics with mental health professionals from H+H, the restructuring proposed by the Adams administration would have FDNY EMTs reassigned to other emergency response units while shifting management of B-HEARD teams, composed of other medical and mental health professionals, to H+H.<sup>3</sup> While the previous administration claimed that this would streamline operations and shift the program towards a health-first response, in addition to further retaining EMT professionals for the most critical medical emergencies, I am interested in hearing whether H+H has the staffing and funding available to carry out the program's ever-expanding operations and meet the program's current demands. Between 2022 and 2024, B-HEARD teams did not respond to more than 13,000 calls that met the program's criteria, approximately 35% of all eligible calls.

I look forward to hearing more from the administration on how we can improve this program because it is critical. When police respond to people in mental health crises, those who need help are often subject to use of force, arrest, incarceration, and even death. We need an alternative that can actually respond to people in times of crisis, but that also entails prioritizing resources for those who respond; otherwise, we are endangering not only those who need help but those who respond.

Thank you.

### **Questions**

1. It looks like the preliminary budget increases BHEARD funds by about 45% from \$24.5 million to \$35 million. Do you believe this amount will be enough to expand the program citywide and/or to make it 24 hours a day?
2. How does the shifting of FDNY EMT officials affect staffing for B-HEARD teams?

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<sup>3</sup> ["Mayor Adams Announces New Model to Have City's 911 Mental Health Crisis Response Initiative, B-HEARD, be Fully Operated by NYC Health + Hospitals." \*NYC Health + Hospitals\*. November 2025.](#)

**New York City Council Preliminary Budget Hearing  
Committee on Finance and Committee on Hospitals  
New York City Health + Hospitals  
March 16, 2026**

**Testimony of the New York State Nurses Association**

**Submitted by: Sonia Lawrence**

The New York State Nurses Association is a leading advocate for universal access to high quality healthcare and represents more than 42,000 registered nurses in collective bargaining across New York, including more than 10,000 RNs working at NYCHH and the midwives of North Central Bronx and Jacobi hospitals employed by PAGNY.

NYSNA recognizes that the NYC Health + Hospitals (NYCHH) system is a critical component of the City's healthcare system, accounting for almost 20% of inpatient bed capacity, and providing a disproportionate share of care for the City's Medicaid, uninsured and immigrant populations. NYCHH also provides a disproportionate share of costly and poorly reimbursed Level I emergency trauma services, inpatient and outpatient psychiatric care, maternity and pediatric services that are shunned by private hospital systems and maintains a large primary care network. NYCHH is, in short, the backbone of the City's healthcare system, and City funding is vital to maintaining its critical role in providing care for New Yorkers.

While the Mayor's Preliminary Budget recognizes the importance of NYCHH and continues the City's commitment to protecting access to care and providing good union jobs in the face of looming federal cuts, there are some areas of concern. We are urging a comprehensive and equitable budget allocation to sustain NYCHH's operations and address funding gaps caused by low Medicaid reimbursement rates and the costs of caring for uninsured patients.

H+H is entering the FY2027 budget cycle facing financial and operational pressures that will be worsened as federal cuts begin to kick in and hundreds of thousands of people covered by Medicaid and the Essential Plan will lose their coverage and become uninsured.

The FY2027 Preliminary Budget proposes \$1.74 billion in funding for NYCHH, a \$387 million reduction over current funding levels. While most of the reductions are the result of the winding down of federal COVID reimbursements, the final receipt of FEMA grants owed from Hurricane Sandy, and reductions in asylum seeker costs, we are concerned the cuts also include a \$17.2 million reduction in unrestricted operating subsidies and \$237 million less in funding for collective bargaining costs.

We also note that funding for NYC Care, a program to provide coverage for the uninsured, remains unchanged at \$100 million, despite the looming threat of more uninsured patient seeking care as a result of the Trump Administration's healthcare cuts.

### **Federal Cuts to Medicaid, the Essential Plan, and Health Coverage**

The Trump administration's reconciliation bill (H.R. 1) includes almost \$1 trillion in healthcare cuts, including onerous new work and eligibility requirements, reduced coverage for immigrants, reproductive care, and gender-affirming services, and cuts to New York's Essential Plan and ACA subsidies. The State estimates these changes could cost over \$13 billion in federal funding and leave more than one million New Yorkers uninsured.

NYC Health + Hospitals (H+H), the nation's largest public health system, faces financial pressure as these cuts reduce coverage for low-income patients and strain key revenue sources. H+H operates 11 hospitals, five post-acute facilities, and 30+ care sites, providing services through Medicaid, Medicare, and the Essential Plan. In FY 2025, Medicaid and Medicare patients accounted for 84% of hospital discharges and 62% of outpatient visits.

As a safety-net provider, H+H continues to face fiscal challenges, including reimbursement rates that do not fully cover the cost of care for low-income patients, making federal and state support critical.

We urge the Council to consider increasing funding for NYCHH's unrestricted subsidy, and increased funding to provide care for uninsured patients in the NYC Care program.

### **Address ongoing recruitment and retention issues in the RN and healthcare workforce**

The City Council played a key role in helping to convince the City and NYCHH to address chronically low pay rates for RNs that made recruitment difficult, drove extremely high turnover rates, contributed to poor staffing that undermined patient care, forced NYCHH to rely on extremely expensive and inefficient temporary staffing agencies and traveler nurses, and wasted scarce funding and resources. The recent NYSNA collective bargaining agreement for NYCHH nurses substantially increased RN pay rates and brought NYCHH rates close to parity with private sector hospitals.

By reaching pay parity with the private sector (or close to it), NYCHH was able to improve staffing and patient care, and the RN workforce has increased from 7,900 in 2023 (before the new contract was negotiated) to more than 10,300 in 2025 and then 10,719 RNs as of FY26 Q2, substantially reducing the systems costs and the disruptive effects on the workforce of overreliance on temporary staffing.

The tremendous progress in staffing levels and patient care, and the increasing stability of the RN workforce, however, is now being undermined by NYCHH leadership's ill-considered efforts to arbitrarily disregard long-standing policy and rules relating to the use of sick time.

In late 2024, however, NYCHH changed its long-standing application of sick time usage rules to discipline nurses arbitrarily and punitively for the mere act of calling out when they are sick. This

sudden and unsupported change in policy is pressuring RNs to work while sick, threatening the health and safety of both staff and patients.

RNs already suffer from among the highest rates of workplace violence, exposure to communicable diseases and other environmental hazards at work, and musculoskeletal injuries of any job title. RNs and other healthcare workers have extremely stressful jobs and are more likely to get sick at work. These conditions also undermine the stability of the workforce by worsening recruitment and retention as nurses respond to poor working conditions by quitting the bedside or leaving the nursing profession entirely.

The new punitive and arbitrary sick leave policy being enforced by NYCHH adds to the stresses and threats faced by the RN workforce, undermines morale and productivity, and threatens the health of nurses. In pursuing this course of action, NYCHH is also undoing the gains in staffing and RN recruitment and retention that resulted from the recent collective bargaining agreement.

NYCHH claims that it “staffs to census” and that unexpected sick calls disrupt unit staffing and negatively affect patient care, thus justifying its punitive measures targeting nurses solely for becoming sick and calling out.

Employee sick calls are foreseeable and part of the regular course of business in healthcare settings, and can be easily addressed using float pools, calling in per diems or temps to cover for sick nurses, or offering overtime shifts to staff.

Making nurses work while sick and threatening them with discipline will only increase workforce stress, lead to lower retention of staff, and undo the progress made under the new agreement.

We also note that this abuse of RN staff is violative of the spirit of the recent paid leave laws enacted by the state legislature and the city council, both of which guarantee private sector employees the right to use paid sick leave and prohibit employer retaliation or evasion of the law.

We urge the City Council to consider local legislation to extend the application of the law to public sector employees in NYCHH and other healthcare settings.



# Advocates for Children of New York

Protecting every child's right to learn

## Testimony submitted to the New York City Council Committee on Hospitals

### Re: FY27 Preliminary Budget – Hospitals

March 16, 2026

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On behalf of Advocates for Children of New York (AFC), thank you for the opportunity to submit testimony on the Fiscal Year 2027 Preliminary Budget. For more than 50 years, AFC has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds.

Each year, AFC works with students who have significant mental health challenges and who have been unable to access the mental health services they need to be successful in the classroom. As such, we understand the impact a program such as the Mental Health Continuum, a cross-agency partnership between NYC Health + Hospitals (H+H), New York City Public Schools (NYCPS), and the NYC Department of Health & Mental Hygiene (DOHMH), can have on student wellbeing.

The Mental Health Continuum supports students at 50 high-needs schools through school partnerships with Health + Hospitals mental health clinics, dedicated staff to provide students with timely access to mental health services, a NYC Well hotline to advise school staff, mobile response teams to respond to students in crisis, and training for school staff in Collaborative Problem Solving to build their capacity to address student behavior. This program, which is currently serving thousands of students, is supported with \$5M in one-year city funding set to expire in June.

**We strongly urge the Council to prioritize this investment in the mental health and academic success of New York City's young people and ensure the Fiscal Year 2027 budget extends and baselines funding for the Mental Health Continuum at its current funding level of \$5M (H+H: \$3.74M, NYCPS: \$787K, DOHMH: \$472K) so that this program, which is already up and running, can continue to provide valuable support to students and school communities to address mental health needs. Schools participating in the program have reported positive outcomes, including reductions in student suspensions, incident reports, and transports to hospital emergency rooms when students are in crisis. These outcomes**



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demonstrate the positive impact the program is having on student wellbeing and school climate. Ensuring stable, baselined funding will enable the program to sustain the critical supports it provides to students and strengthen the capacity of school communities to address mental health challenges.

Advocates for Children's full city education budget priorities are online at <https://advocatesforchildren.org/policy-resource/budget-priorities-2027>.

We look forward to working with you as the budget process moves forward. Thank you, again, for the opportunity to submit testimony.



**New York City Council Fiscal Year 2027**

**Executive Budget Hearings**

**Committee on Health and Committee on Mental Health, Disabilities, and Addiction**

**March 16th, 2026**

**Testimony of Miral Abbas, Health Partnerships Coordinator**

**Coalition for Asian American Children and Families**

Good afternoon Council Member Mercedes Narcisse and members of the Committee on Hospitals. My name is Miral Abbas, and I'm here to **urge the Council to increase funding to \$4.5 million for Access Health NYC in the FY 2027 budget.**

**Access Health NYC (AHNYC) is a City Council initiative that funds 37 community-based organizations across the five boroughs to deliver culturally responsive outreach and education and help close gaps in health care and benefits access, particularly for immigrant, limited-English-proficient, and uninsured New Yorkers.** Through trusted, language-accessible grassroots institutions, AHNYC enables community organizations to connect residents to critical services while also providing essential support, from halal food pantries to shelters for housing-insecure individuals operated by some of our awardees.

These services include in-person community events, educational sessions, and targeted outreach initiatives facilitated by trusted community advocates and leaders. By partnering with accessible and familiar spaces such as cultural centers, food pantries, mosques, and churches, these organizations meet community members where they are, fostering deeper engagement and trust. Because of their accessibility, location, and approach to service delivery, these centers play an important role in building trust between awardee organizations and the communities they serve.

This trust is vital in ensuring that individuals with limited healthcare access, utilization, and health literacy can confidently connect to the resources they need. Many of these organizations operate in neighborhoods experiencing the highest rates of language barriers and uninsurance.



**As is particularly relevant today, these communities are also facing increasing fear and misinformation stemming from changes in federal and state policies that are undermining immigrant access to healthcare.**

These shifting policies and declining healthcare access are forcing many immigrants to not only deprioritize their health, but also prioritize their safety due to fears that enrolling in or utilizing benefits could jeopardize their immigration status. At the same time, impending federal cuts to Medicaid could result in thousands of individuals losing coverage—many of whom are already managing chronic illnesses and other health insecurities that place them at greater risk.

Without access to preventive care, these uninsured populations are more likely to rely on emergency services and safety-net providers, including the city's public and community hospitals under NYC Health + Hospitals. **An upstream solution is to invest in community-based initiatives like Access Health NYC, which help residents access care earlier and connect to the healthcare resources they need—ultimately improving health outcomes across our city.**

In response to these growing challenges, community-based organizations are expanding their trust-based, culturally responsive outreach and emphasizing their role as safe spaces for their communities. Their community health workers help residents navigate policy changes, enroll in health insurance and benefits, and connect to services such as NYC Care or providers within the NYC Health + Hospitals system. **In the past year alone, our organizations made over 9,000 healthcare referrals, along with many more to other benefits.**

It is more important than ever that we continue to fund initiatives that connect individuals to the city's healthcare benefits and hospital systems. **Furthermore, Access Health NYC awardees work closely with hospitals, clinics, and providers in their communities. These partnerships help providers better understand the cultural and linguistic needs of the populations they serve.**

Access Health NYC awardee organizations provide essential language access and culturally sensitive programs and resources. They connect residents to a wide range of health, legal, and housing services and offer critical healthcare enrollment assistance. In addition, Access Health



NYC provides regular trainings for its awardees on complex topics such as hospital finance, healthcare access policies, and language accessibility to strengthen their ability to serve their communities effectively.

We are living in a time of heightened fear and uncertainty, when both healthcare and immigration rights feel increasingly under threat. Community organizations participating in Access Health NYC are deeply rooted in the neighborhoods they serve and possess unique insight into how to engage and maintain connections with individuals who are vulnerable and often difficult to reach.

**Increasing Access Health NYC funding to \$4.5 million** is a vital step in strengthening the City's ability to address complex health needs through trusted community-based support. This investment represents a strategic and effective approach to equitably meet the growing health needs of New York's most vulnerable populations.

We urge the City to expand funding for Access Health NYC to \$4.5 million to ensure these essential services can continue reaching those who need them most.

Thank you very much for your time.

#### **Supplemental information:**

#### **Findings from our recent Evaluation; FY2024 evaluation highlights the critical role of Awardee organizations in addressing community health needs:**

- In the past year, **over half of Awardee organizations** report reaching more than 2000 individuals through their health education and outreach efforts.
- Awardees predominately serve **immigrant communities** - a crucial focus for the AAPI community, where nearly 80% of individuals are immigrants, many of whom face linguistic isolation and ongoing uncertainty..
- **Three quarters of AHNYC awardees** provide vital health outreach, education, and referral services to asylum-seekers in NYC. Current asylum-seekers are diverse, hailing from across the globe, including Asia and the Middle East. For instance CACF recently engaged with organizations working refugees from Afghanistan/Middle East.



- **More than three quarters of Awardees** offer benefits navigation, in community health education, and referrals to essential social services, such as SNAP and healthcare.
- **More than 60% of Awardees (62.5%) reported an increased demand for translation services** amongst their clients, with many also seeking assistance with health insurance navigation.
- Above all, **community-based organizations remain trusted sources** for health services because they are embedded within and composed of the very communities they serve. This deep rooted trust is essential to ensuring equitable access to healthcare resources for marginalized communities.

[FY27 AHNYC One-pager](#)



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**Testimony of Noelle Peñas, Health Justice Community Organizer at New York Lawyers for the Public Interest to the New York City Council Committee on Hospitals on March 16, 2026, regarding the New York City FY27 Budget**

Thank you to Chair Narcisse and members of the Council for the opportunity to testify today. My name is Noelle Peñas, and I am the Community Organizer with the Health Justice Program at New York Lawyers for the Public Interest (NYLPI). NYLPI is a community-driven civil rights organization that fights for equal access to healthcare, education, government services, housing, and a clean environment for all people of New York. NYLPI is privileged to be part of the City Council's Immigrant Health Initiative and Immigrant Opportunity Initiative, which has saved lives and improved health across the city. Your funding supports NYLPI's Health Justice Program to continue to fight for racial equity and immigrant justice, including our ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.

After more than one year in power, the federal administration continues to create unprecedented threats to the rule of law and to New Yorkers' freedoms, civil rights, access to public services, and access to a healthy environment. New York City legislators must continue to leverage the substantial power of local government to uphold and protect our laws and rights, and to make the major investments needed to protect and strengthen infrastructure, public institutions, and the renewable energy economy.

**The Immigrant Health Initiative**

We ask the Council to continue and enhance support for the Immigrant Health Initiative, which continues to save lives and improve health across our city. This program supports more than 20 nonprofits, including NYLPI programs aimed at improving the health and well-being of New Yorkers and their families through direct legal representation, litigation, community education, strategic partnerships with public hospitals, and non-legal advocacy. Through vigorous client and community advocacy and wraparound services, NYLPI improves health outcomes, increases access to healthcare, and provides critical and timely education for communities, healthcare providers, and legal service advocates. In addition, in the face of continued attacks on the asylum process, we have offered culturally competent legal representation, including to those who identify as transgender, gender-expansive, or live with HIV. Last year, the funding awarded to NYLPI and our partners allowed us to greatly expand our work connecting immigrant New Yorkers with serious health conditions to state-funded Medicaid, which can provide life-changing and often life-saving treatment for our clients. Such access to essential healthcare

often results in cost savings for the City, the State, and our safety net health care system when people are able to resume work and productive lives.

Thanks to your support, we have assisted hundreds of uninsured H+H patients through immigration legal consults, direct immigration representation, health insurance advocacy, health care navigation, and Know Your Rights trainings. Your support has also led to increased enrollment by eligible immigrants in state-funded Medicaid, where our advocates were able to provide Medicaid and public benefits advocacy for 52 people in FY2025. This funding has also supported NYLPI's ability to provide comprehensive immigration and healthcare screenings for 85 people in FY2025, and to provide direct immigration representation to 60 people.

Through City Council funding, we are able to provide comprehensive screenings and legal representation to individuals, particularly those who are in health emergencies, including holistic support during these challenging times by providing our clients information on financial assistance, food banks and housing relief to meet their intersecting needs. Our individual cases are medically and legally complex. Most of our clients find themselves in health emergencies, stuck between two complicated bureaucratic systems: immigration and health care. We have developed a nuanced practice taking the cases no one else can.

### **The Impact of Federal Funding Gaps on our Client Communities**

As advocates for equitable access to care for all New Yorkers, we understand the importance of a well-funded public hospital system in our city. The major federal cuts threaten New York's robust public insurance infrastructure and coverage rates across communities, and continuing to fund H+H is critical in ensuring continued care for communities most vulnerable to funding cuts. H+H fills important and growing gaps left by policies that disenfranchise non-citizens, people with disabilities, people of color, and others who suddenly find themselves without vital health care coverage as a direct result of the dismantling of longstanding public health programs at the federal level.

When our clients are finally released from immigration detention, the Program for Survivors of Torture (PSOT) at Bellevue provides unique and necessary medical and social service support to help them recover physically and mentally. Many of our medically fragile clients also struggle to secure stable housing that is both safe and sanitary. As a result, they may be disqualified from important medical care like home dialysis and surgeries. The Housing for Health program is a crucial resource for New Yorkers in this situation.

NYC Care is yet another important program that many New Yorkers, regardless of immigration status, have come to rely on increasingly. Changes to federal policies have created confusion among service providers and patients as well as delays in processing applications. As a result, we've seen an uptick in people who are wrongly denied medical benefits or believe they no longer qualify for services. Thanks to NYC Care, many people can fill these gaps in services at H+H.

We also urge this committee to think about the needs of our aging immigrant population. In recent months we have seen alarming increases in the denial of skilled nursing facility placement, including at H+H facilities for non-citizens with or without insurance coverage. In one instance, the family of a patient at an H+H facility turned to us in fear of their family members being medically repatriated. Thanks to the skill of our advocates, we were able to work collaboratively with the facility to clarify the rights and resources available to the patient who, while denied acceptance to an H+H facility, was ultimately transferred to the appropriate medical setting. As you continue to consider funding allocations, we hope you'll consider the strong and persistent overlap between our clients and H+H patients.

### **Public Education and Advocacy at Health + Hospitals Facilities**

At a time when access to medical care and information is crucial and misinformation can endanger our communities, your support has allowed us to expand our work educating immigrant New Yorkers with serious health conditions, their healthcare providers, and legal service providers about how to access healthcare and how to stay safe. Under the current presidential administration, the fear that noncitizens carry as they go about their daily lives has escalated, deterring many from taking care of their most basic needs. We have also heard from medical providers across the city about the deleterious impact of ICE enforcement not only on their noncitizen patients, but in their communities. We have seen medical providers endeavor to continue to provide necessary medical care to their immigrant patients, particularly those who are in civil immigration custody, leading to an increased demand for our trainings.

In the last year, we have trained hundreds of health care workers on the rights of their non-citizen patients, creating welcoming healthcare spaces for non-citizens, and engaging in direct healthcare advocacy for New Yorker with serious health conditions who are detained by ICE and denied access to necessary medical care. In our first training of 2026, which discussed how to review medical records to provide advocacy for people who are detained, over 250 people from states across the country registered to join. We reached over capacity, and needed to schedule a second identical training a week later to meet the demand.

As medical providers seek to continue to preserve the rights, safety, dignity, and privacy of their patients, we have seen an increased engagement that has led to the doubling in the number of volunteer providers who are active in our volunteer Medical Provider Network (MPN). This added clinical capacity has allowed us to provide invaluable support not just for our own clients who are at risk of detention, but also to legal service providers across the city who are increasingly bringing healthcare-based claims in habeas filings.

In one case that we filed jointly with NYIC and our pro bono partner law firm, we secured the release of a New Yorker who survived months of severe medical neglect while in ICE custody. Thanks to our intervention and with the help of the medical advocacy letter of our MPN volunteer, our client was quickly released and was able to resume his medical care at H+H.

### **Healthcare Advocacy in Immigration Detention**

As Immigration and Customs Enforcement officials continue to arrest and confine people in immigration detention facilities and jails, we continue to see the deterioration of healthcare conditions for individuals confined to immigration detention. For NYC residents held in detention, NYLPI provides crucial and urgent advocacy to improve health care and advocate for release. The Immigrant Health Initiative funding supports NYLPI's work documenting the lack of healthcare access in immigration detention facilities, which we are able to conduct through coordinating a medical-legal partnership on behalf of immigrant New Yorkers living with serious medical conditions and disabilities.

We continue to expand our MPN with now over 220 medical professionals, available to perform reviews and consultations for people in detention in support of advocacy efforts. Through our work, we have connected the overwhelming majority of people who requested assistance in obtaining better care to a medical provider with experience relevant to their needs.

In light of the dramatic escalation of abusive immigration enforcement tactics precipitating a rapid rise in the number of people subjected to detention, we have received increased numbers of requests for advocacy addressing people's vulnerabilities to exposure and illness while detained in already crowded facilities. The Council's support means we can move quickly to activate our network and to respond. Through our coordination of referrals for medical advocacy letters, in 2025, 44 detained people were benefited from healthcare advocacy. We work with City Council-funded New York Immigrant Family Unity Project and other attorneys across New York to help secure the release of their clients from immigration detention. In addition to medical advocacy, in collaboration with medical providers in the MPN, we have released our third report documenting health conditions in Orange County Correctional Facility in New York to further shed light on



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the systemic harms of detention. As increasing numbers of New Yorkers are detained in immigration jails, we remain one of few organizations focused on medical advocacy and the acute health hazards of immigration detention.

### **Conclusion**

Thank you Chairperson Narcisse and the Committee for giving us the opportunity to present testimony, and for your support of our work and our clients. Thank you also for the reintroduction of the Transplant Equity Bill as we continue to navigate transplant access for immigrant New Yorkers.

We thank the Council for your tremendous assistance, and ask that funding continue in 2027 for both NYLPI and our community partners. NYLPI fills unique legal, education, and advocacy gaps with our unique expertise at the intersection of immigration, health in particular as it pertains to transplant access, health care navigation, public education, and provider mobilization for the benefit of our shared community. We look forward to continuing to work with you to improve health access and equity for all New Yorkers.

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*For 50 years, NYLPI has fought to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.*

*For more information visit: [www.nylpi.org](http://www.nylpi.org)*

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