

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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June 18, 2024  
Start: 10:15 a.m.  
Recess: 11:44 a.m.

HELD AT: 250 BROADWAY - COMMITTEE ROOM, 16TH  
FLOOR

B E F O R E: Lynn C. Schulman, Chairperson

COUNCIL MEMBERS:

Joann Ariola  
Carmen N. De La Rosa  
Oswald Feliz  
James F. Gennaro  
Kristy Marmorato  
Julie Menin  
Mercedes Narcisse  
Susan Zhuang

OTHER COUNCIL MEMBERS ATTENDING:

Pierina Ana Sanchez  
Lincoln Restler

A P P E A R A N C E S

Joaquin Aracena, Assistant Commissioner of the Bureau of Public Health Clinics at the New York City Department of Health and Mental Hygiene

Daniel Pollak, First Deputy Commissioner at the Office of Labor Relations

Corey Briskin, self

Peter Romer-Friedman, counsel for Corey Briskin

Alice Wong, Executive Director for New York City Managerial Employees Association

Jorie Dugan, Human Rights Counselor at the Center for Reproductive Rights

Steven Spandorfer, President of the Society of Assisted Reproductive Technology

Jason Cianciotto, Vice President of Public Policy and External Affairs at Gay Men's Health Crisis

2 SERGEANT-AT-ARMS: Check one, two, check  
3 one, two. This is a pre-recorded sound test for the  
4 Committee on Health. Today's date is June 18, 2024.  
5 We are located in the 16th Floor Committee Room. It's  
6 being recorded by Michael Leonardo.

7 SERGEANT-AT-ARMS: Good morning and  
8 welcome to today's New York City Council hearing for  
9 the Committee on Health.

10 At this time, please silence all cell  
11 phones and electronic devices to minimize disruptions  
12 throughout the hearing.

13 If you have testimony you wish to submit  
14 for the record, you may do so via email at  
15 testimony@council.nyc.gov. Once again, that is  
16 testimony@council.nyc.gov.

17 We thank you for your kind cooperation.

18 At this time, please do not approach the  
19 dais.

20 Chair, we are ready to begin.

21 CHAIRPERSON SCHULMAN: [GAVEL] Good  
22 morning, everyone, and happy Pride Month. I am  
23 Council Member Lynn Schulman, Chair of the New York  
24 City Council's Committee on Health. Thank you all for

2 joining us at today's hearings. I am joined by  
3 Council Members Sanchez and Marmorato.

4           Today, we are considering two  
5 Introductions and one Resolution, which seek to  
6 expand access to affordable and high-quality  
7 healthcare across our city, including for LGBTQIA-  
8 plus New Yorkers. I am particularly excited to hear  
9 my bill, Introduction 718, which would require New  
10 York City to establish a family building benefit for  
11 City employees intended to cover some or all of the  
12 costs of assisted reproduction, including in vitro  
13 fertilization or IVF and adoption for City employees  
14 without conditioning reimbursement on an infertility  
15 diagnosis. In implementing these benefits, the City  
16 would be prohibited from discriminating on the basis  
17 of marital or partnership status. In the United  
18 States, numerous barriers such as lack of insurance,  
19 high out-of-pocket costs, limited information,  
20 restrictive laws and policies, stigma, and provider  
21 bias put fertility care out of reach for many.  
22 According to the Center for Reproductive Rights, a  
23 single cycle of IVF can cost an average of 20,000  
24 dollars and multiple cycles are often needed to  
25 achieve a pregnancy and live birth. Without insurance

2 coverage, this cost is prohibitively expensive for  
3 most people, especially low-income families and  
4 communities of color. While some states like New York  
5 have insurance mandates for fertility care, they only  
6 apply to certain types of insurance, leaving many  
7 people unable to access insurance coverage for  
8 fertility care. Insurance policies often require  
9 enrollees to meet a specific clinical definition of  
10 infertility, the inability to become pregnant after 6  
11 to 12 months of unprotected sexual intercourse before  
12 providing them coverage. This is the case even though  
13 assisted reproduction is also a critical method of  
14 family formation for single people and same-sex  
15 partners. Furthermore, a requirement that individuals  
16 undergo... There's a technical issue, sorry.

17 We're having some technical difficulties.

18 My apologies, everyone.

19 My apologies for that.

20 Insurance policies often require  
21 enrollees to meet a specific clinical definition of  
22 infertility, the inability to become pregnant after 6  
23 to 12 months of unprotected sexual intercourse before  
24 providing them coverage. This is the case even though  
25 assisted reproduction is also a critical method of

2 family formation for single people and same-sex  
3 partners. Furthermore, a requirement that individuals  
4 undergo other forms of assisted reproduction before  
5 becoming eligible for IVF adds a financial barrier to  
6 meeting the eligibility requirements while still  
7 excluding individuals who do not have the necessary  
8 reproductive cells, or gametes, to reproduce via  
9 these other forms such as intrauterine insemination.  
10 Indeed, the City's own health insurance plan requires  
11 an infertility diagnosis before providing coverage as  
12 current State Law conditions coverage by large group  
13 insurance policies on obtaining such diagnosis. The  
14 New York State Department of Finance sought to  
15 eliminate the discriminatory impact of requiring an  
16 infertility diagnosis in 2021 by issuing guidance to  
17 insurers stating that individuals may also be  
18 eligible for IVF coverage if they are unable to  
19 conceive due to their sexual orientation or gender  
20 identity, but it is clear that confusion remains over  
21 what is covered and how much is covered. My bill  
22 would immediately address this confusion by  
23 prohibiting denial of coverage based on an  
24 infertility diagnosis and ensuring that any City  
25 employee looking to start a family can do so.

2 Codifying this into law will ensure that nobody faces  
3 discrimination when seeking fertility care. With one  
4 of the largest LGBTQIA-plus communities in the  
5 country, I believe that our City's health insurance  
6 coverage must truly reflect our values as New  
7 Yorkers. Last week, we saw a renewed focus on  
8 assisted reproduction in Washington D.C. when Senate  
9 Republicans voted to block commonsense legislation  
10 that would guarantee access to IVF nationwide. Amid  
11 renewed attacks nationally on reproductive rights and  
12 LGBTQIA-plus communities, New York City has always  
13 been a role model for expansive access to  
14 comprehensive and inclusive care, but we should  
15 always be pushing to do better and my bill being  
16 considered today moves us in the right direction.

17           We must also demand action at the State  
18 level. The legislature must pass the Equity  
19 Infertility Treatment Act, which would amend the  
20 definition of infertility in State Law and expand IVF  
21 coverage to include donor cycles, which would expand  
22 coverage to include same-sex couples and single  
23 adults. Healthcare is a human right and that right  
24 includes every human. Nobody should be denied care.

2 Thank you to my Colleagues, the advocates  
3 and members of the public as well as Assistant  
4 Commissioner Aracena from DOHMH and First Deputy  
5 Commissioner Pollack from OLR for being here today.

6 I would also like to thank my Staff,  
7 Jonathan Boucher, my Chief-of-Staff; Kevin McAleer,  
8 Legislative Director; Andrew Davis, Legislative  
9 Fellow; and Jessica Siles, Communications Director as  
10 well as the Health Committee Staff, Christopher Pepe,  
11 Sara Sucher, Mahnoor Butt, and Danielle Heifetz.

12 I'm now going to turn it over to Council  
13 Member Sanchez who is going to speak on her bill on  
14 STIs today. Council Member Sanchez.

15 COUNCIL MEMBER SANCHEZ: Thank you. Thank  
16 you, Chair Schulman, for holding today's hearing on  
17 critical legislation and your leadership and support  
18 of Intro. 435, which would expand access to HIV and  
19 STI rapid testing services across the city, seeking  
20 to help address steep inequities faced most starkly  
21 at the intersection of our Black, Latino, low-income,  
22 and LGBTQ-plus populations who are highly susceptible  
23 to contracting STIs without receiving adequate care.  
24 According to DOHMH's 2022 Sexually Transmitted  
25 Infections Surveillance Report, STIs continue to



2 increase, and some of this increase can be accounted  
3 for by decreases in access to testing following  
4 reduced levels of testing and detection during the  
5 COVID-19 pandemic. Chlamydia, gonorrhea are both have  
6 double the rate in low-income neighborhoods than they  
7 do in low-poverty neighborhoods. The Bronx has  
8 communities that face the highest rates of chlamydia  
9 with some districts as high as 2,053 infections per  
10 100,000 people, and in the Bronx also we have 23,500  
11 people living with HIV, over three times the rate of  
12 New York State, and the highest within New York City,  
13 more than double of those rates of Brooklyn, Queens,  
14 and Staten Island. We also face the highest rates of  
15 HIV and AIDS deaths. Following the release of the  
16 2022 report, Commissioner Vasan noted the importance  
17 of promoting equitable access to care and delivery of  
18 services. All of these rates are highest and starkest  
19 among Black LGBTQ New Yorkers due to a stark lag in  
20 access to care.

21           Testing is an essential tool in stemming  
22 the spread of STIs, improving and saving lives, but  
23 it is contingent on necessary resources being  
24 accessible for the people who need them. Testing is  
25 awareness, and awareness is prevention. For years,

2 advocates have called for increased access to  
3 essential services like rapid testing across our  
4 city. I'm proud to be the sponsor for Intro. 435 with  
5 the support of many Members of this Committee,  
6 including our Chair, which will ensure the rapid  
7 testing services will be made available in at least  
8 four boroughs in the next two years, from today's  
9 baseline of an availability in only two. These sites  
10 will provide New Yorkers with same-day results in  
11 testing for chlamydia, gonorrhea, and HIV. This bill  
12 would also require DOHMH to engage in an education  
13 campaign in multiple languages to ensure communities  
14 know about these locations.

15 I would like to thank the advocates from  
16 the bottom of my heart for all of the calls and all  
17 of the conversations in ushering this conversation  
18 and this legislation forward, the Caribbean Equality  
19 Project, Housing Works, Callen-Lorde, Focal New York,  
20 Morris Heights Health Center, Latino Commission on  
21 AIDS, Health People, St. Anne's Harm Reduction, New  
22 York City Anti-Violence Project, African Services  
23 Committee, Black Health, Harlem Pride, Ali Forney,  
24 and Destination Tomorrow. I'd also like to thank the  
25 Administration for extensive good faith discussions

2 in bringing this bill to its current state from our  
3 discussions last year and, finally, and I'm sorry,  
4 most importantly for me, I'd like to thank Kadeem  
5 Robinson, my Deputy Chief-of-Staff for Policy and  
6 Communications, who's a fierce and brilliant advocate  
7 whose tireless work and dedication made this bill  
8 possible. Thank you, Kadeem. I'm going to miss you  
9 and, with that, thank you so much, Chair.

10 CHAIRPERSON SCHULMAN: I will now turn it  
11 over to City Council Member Narcisse to make a  
12 statement about her Resolution calling on the State  
13 to establish full insurance coverage for fertility  
14 treatments, Proposed Resolution 165-A.

15 COUNCIL MEMBER NARCISSE: Good morning and  
16 thank you, Chair. As a registered nurse for over  
17 three decades, I have seen firsthand how difficult it  
18 can be and especially for those that have financial  
19 difficulty. The Proposed Resolution 165-A is known as  
20 the Equity in Fertility Treatment Act. I feel  
21 strongly that everyone should have the same  
22 opportunity. After all, we are in New York City. We  
23 have to think about not only one person or two  
24 persons, but it's all of us together. We're not  
25 living in a bubble. Whatever affecting me can affect

2 you. So if I'm having difficulty, I feel like we all  
3 have to come with a solution, and to start by the  
4 Resolution 165-A is an opportunity to say that we  
5 want equity throughout, especially when you come to  
6 someone that have a family, that want to have a  
7 family, that not having the opportunity. Infertility  
8 is something that we need to talk about because once  
9 your family having a difficulty having a baby, it  
10 becomes stressful for all the family, and we're  
11 talking about more than the infertility. We're  
12 talking about mental health as well. Infertility is a  
13 medical condition recognized by the World Health  
14 Organization and the American Society for  
15 Reproductive Medicine that affects about 9 percent of  
16 American men and 10 percent of American women so it  
17 is affecting people around us, and we have to take  
18 account for healthcare and this is part of it. This  
19 is very, very important. If someone cannot give  
20 birth, not because they don't want to, but they have  
21 a difficulty. Infertility affects a broad spectrum of  
22 prospective parents, no matter what race, religion,  
23 sexual orientation, and economic status. We deserve  
24 the same opportunity so the married couple that  
25 having difficulty having children is affecting all of

2 us. According to the Center of Reproductive Rights,  
3 infertility implicates and affects multi-human  
4 rights, including the right to plan the timing and  
5 spacing of children, benefit for scientific progress,  
6 health, sexual and reproductive health, and non-  
7 discrimination. Talking about New York City, we  
8 cannot discriminate against each other. We have to  
9 create opportunity, and you have heard it in  
10 different ways from both of my Colleagues so I'm not  
11 here to keep you long. I'm saying it's a human right  
12 when you come to infertility so we need to address it  
13 once and for all. Thank you, Chair.

14 CHAIRPERSON SCHULMAN: Thank you very  
15 much, Council Member Narcisse.

16 I will now turn the mic to the Committee  
17 Counsel to administer the oath to the Administration.

18 COMMITTEE COUNSEL TWOMEY: Good morning.  
19 Please raise your right hand.

20 Now, in accordance with the rules of the  
21 Council, I will administer the affirmation to the  
22 witnesses from the Mayoral Administration.

23 Do you affirm to tell the truth, the  
24 whole truth, and nothing but the truth in your  
25 testimony before this Committee and to respond

2 honestly to Council Members' questions? Assistant  
3 Commissioner.

4 ASSISTANT COMMISSIONER ARACENA: I do.

5 COMMITTEE COUNSEL PEPE: You may proceed  
6 with your testimony.

7 ASSISTANT COMMISSIONER ARACENA: Thank  
8 you. Good morning, Chair Schulman and Members of the  
9 Committee on Health. My name is Joaquin Aracena. I'm  
10 the Assistant Commissioner for the Bureau of Public  
11 Health Clinics at the Department of Health and Mental  
12 Hygiene. On behalf of the Health Commissioner, thank  
13 you for the opportunity to testify on Introduction  
14 435-A, which will require the Department of Health  
15 and Mental Hygiene to ensure accessibility to rapid  
16 testing for sexual transmitted infection,  
17 prioritizing communities and boroughs that have  
18 higher infection rates as determined by the  
19 Department. Since the New York City Health Department  
20 last testified on this bill in 2023, we've had  
21 extensive conversations with Council Member Sanchez,  
22 Committee Staff, and City Hall regarding this  
23 legislation and are supportive of moving it forward.  
24 I want to thank Council Member Sanchez for her  
25 passionate advocacy in seeking to bring down STI

2 rates in our city. We share our goal in this  
3 endeavor. I also want to thank the Council Member for  
4 discussing our concerns with this legislation,  
5 listening and working with us to come to a solution.  
6 We appreciate the Council Member's willingness for  
7 open dialogue and for sharing her vision for the  
8 bill. I look forward to continuing the conversation  
9 on this legislation with Council Member Sanchez,  
10 Council Staff, and our colleagues at City Hall.

11           Furthermore, I want to make sure that  
12 everyone is aware that individuals 12 or older can  
13 receive low-to-no-cost services at any of our Sexual  
14 Health Clinics across the city, all of which offer  
15 STI testing, including rapid HIV testing. We also  
16 have two STI Quickie Express clinics, one located in  
17 Chelsea, one at Fort Greene, that currently offers  
18 rapid chlamydia and gonorrhea testing with PCR  
19 confirmatory results within hours.

20           The New York City Health Department also  
21 funds numerous agencies across New York City to offer  
22 routine STI testing, including rapid HIV testing in  
23 clinical and non-clinical settings. New Yorkers can  
24 also consult the New York City Health Map to find  
25 sexual health services. We ask for the City Council's

2 support in reaching your constituents to let them  
3 know about the STI testing resources available to  
4 them. Thank you for your time and attention. We're  
5 always willing to discuss your legislative proposals  
6 and encourage you to reach out to our Legislative  
7 Affairs Team and City Hall to do so.

8 CHAIRPERSON SCHULMAN: Thank you. I'm  
9 going to ask a couple of questions and then I'm going  
10 to ask my Colleagues, particularly Council Member  
11 Sanchez, to ask some as well and anybody else who  
12 has.

13 In February, DOHMH released its 2022  
14 Sexually Transmitted Infection Surveillance Report.  
15 Can you please share the key findings from this  
16 report, specifically the rates of chlamydia and  
17 gonorrhea in women versus men in the neighborhoods  
18 with the highest STI case rates?

19 ASSISTANT COMMISSIONER ARACENA: Sure.  
20 STIs reported to the New York City Health Department  
21 continued to increase and remained a public health  
22 concern in 2022. The Department observed increase in  
23 chlamydia and gonorrhea rates in 2022 compared with  
24 2021. After reduced levels of STI screenings in the  
25 first two years of the COVID-19 pandemic, improved



2 access to and increased use of sexual health services  
3 likely contributed to increased detection of STIs in  
4 2022. In 2022, New York City was also impacted by the  
5 outbreak of MPOX, which was predominantly transmitted  
6 through sexual contact and likely led to increases in  
7 sexual healthcare seeking and screening for other  
8 STIs. Inequities persisted among people with reported  
9 cases of chlamydia, gonorrhea, and syphilis,  
10 underscoring the need to improve access to timely,  
11 high-quality sexual health services for all New  
12 Yorkers. From 2021 to 2022, the chlamydia rate among  
13 men increased by 5.2 percent and the rate among women  
14 increased by 1 percent. In recent years, chlamydia  
15 cases rates among men have increased to levels that  
16 are comparable to those among women in New York City.  
17 From 2021 to 2022, the gonorrhea rate among men in  
18 New York City increased by 10.5 percent, whereas the  
19 rate among women decreased by 15.2 percent. In 2022,  
20 chlamydia and gonorrhea disproportionately affected  
21 people living in very high-poverty neighborhoods,  
22 greater than 30 percent of the population below  
23 federal poverty level in New York City, with case  
24 rates approximately two times higher than rates among  
25 people living in low-poverty neighborhoods.

2 CHAIRPERSON SCHULMAN: Thank you. When you  
3 get a chance, can you tell us the neighborhoods, if  
4 you don't have them here, if you can get back to us  
5 with the specific neighborhoods?

6 ASSISTANT COMMISSIONER ARACENA: Sure.

7 CHAIRPERSON SCHULMAN: Okay, thank you.  
8 Are there differences between the services provided  
9 by DOHMH Sexual Health Express Clinics versus the  
10 sexual health clinics?

11 ASSISTANT COMMISSIONER ARACENA: Yes,  
12 there are differences. Our Sexual Health Clinics  
13 provide full services, and we have Express and Non-  
14 Express, and the difference between that is our  
15 Express Quickie, which we currently have at Chelsea  
16 and Fort Greene, it has a cycle time of less than 15  
17 minutes so individuals are coming in non-symptomatic,  
18 they're being screened, they're being assessed at  
19 that triage. If they do find that they are  
20 symptomatic, our Express Clinics are co-located with  
21 our clinician visits as well, so we're able to get  
22 them to the sites if they need further testing but,  
23 if they are symptomatic, they are screened. We do  
24 have instruments on site at Chelsea and Fort Greene  
25 that does the PCR confirmatory testing on site. They

2 get those results within hours. Comparable to the  
3 sites where necessarily are not operating the  
4 instruments, they'll get those results within two to  
5 three days. That also helps us also treat same day.  
6 Many times, individuals receive results via Patient  
7 Portal, so they come early enough, they'll get  
8 results same day, and they'll get treated same day so  
9 it has helped us cut the time of treat from eight  
10 days to one to two days so it's really making an  
11 impact on the battle against STIs.

12 CHAIRPERSON SCHULMAN: That's really  
13 great, appreciate it. Currently, how many Sexual  
14 Health Express Clinics are in operation across the  
15 city, including both City-run and non-City-run  
16 facilities?

17 ASSISTANT COMMISSIONER ARACENA: We  
18 currently have six Sexual Health Clinics operating,  
19 six of the eight are operating. We have two of the  
20 Quickie Clinics that are operating, and then we have  
21 our Sexual Health Map that provides access for all  
22 sites that are providing STI testing. There's about  
23 770 that are on the Sexual Health.

24 CHAIRPERSON SCHULMAN: Does the  
25 Administration support proposed introduction 435-A?

2 ASSISTANT COMMISSIONER ARACENA: Yes.

3 CHAIRPERSON SCHULMAN: Okay, thank you.

4 Council Member Sanchez.

5 COUNCIL MEMBER SANCHEZ: Thank you. Thank  
6 you, Council Member Schulman. Of Quickie, were there  
7 any Quickie sites that were closed or repurposed  
8 during COVID that remain closed to STI testing?

9 ASSISTANT COMMISSIONER ARACENA: So pre-  
10 COVID, we only had one STI Quickie location in  
11 Chelsea. During COVID, we were able to build out nine  
12 new labs to support PCR confirmatory for COVID. Those  
13 same instruments could be pivoted to do STI Quickie  
14 testing. Since COVID, we've pivoted Fort Greene so we  
15 currently have two locations that are operating.

16 COUNCIL MEMBER SANCHEZ: Thank you so  
17 much. That's helpful.

18 And what do you think the impact will be  
19 of implementing Intro. intro 435?

20 ASSISTANT COMMISSIONER ARACENA: I think  
21 it would improve access across New York City. I think  
22 it would help us further engage the community on that  
23 access with our partners but, most importantly, being  
24 able to expand and open additional Quickie locations  
25 to be able to see individuals that are asymptomatic

2 interested in testing with a quick turnaround. We're  
3 in New York, people want things fast, but the ability  
4 not to just provide a fast service but to also to  
5 provide confirmatory results for that fast service, I  
6 think will be making an impact.

7 COUNCIL MEMBER SANCHEZ: Thank you so  
8 much, Assistant Commissioner, and I also want to  
9 shout out Deputy Mayor Isom and Commissioner Vasan  
10 for their help and all the conversations that got us  
11 here. Thank you.

12 ASSISTANT COMMISSIONER ARACENA: Thank  
13 you.

14 COUNCIL MEMBER SANCHEZ: Thank you, Chair.

15 CHAIRPERSON SCHULMAN: Counsel, any other  
16 Council Members have questions?

17 Marmorato.

18 COUNCIL MEMBER MARMORATO: Yes, thank you,  
19 Chair Schulman. I just want to ask you, how long has  
20 this technology existed and what are the accuracy  
21 rates?

22 ASSISTANT COMMISSIONER ARACENA: The  
23 technology and the instruments we use are the Cepheid  
24 instruments. They've been around for numerous years.  
25 Not sure if you're aware with Dean Street Express in

2 London, there was probably one of the first ones to  
3 launch the Quickie model utilizing these instruments  
4 a few years ago, I don't know exactly when they were  
5 launched, but we can get back that information on  
6 you. These instruments also have the ability to do  
7 other testing platforms as well, and they continue to  
8 work on adding more reagents to the instruments as  
9 well.

10 COUNCIL MEMBER MARMORATO: Okay. If you  
11 don't live in these specific areas or neighborhoods,  
12 and you have people coming from like outside, say,  
13 like Westchester, or, you know, the East Side of the  
14 Bronx, you know, would you be able to accommodate all  
15 of these individuals that show up for testing?

16 ASSISTANT COMMISSIONER ARACENA: Yeah, our  
17 doors are open, regardless of insurance status,  
18 immigration status, where you're coming. We're here  
19 to serve the public and to connect you for ongoing  
20 care as well throughout that process.

21 COUNCIL MEMBER MARMORATO: Okay, thank  
22 you. Thank you, Chair.

23 CHAIRPERSON SCHULMAN: Council Member  
24 Narcisse.

2 COUNCIL MEMBER NARCISSE: All we talk  
3 about is inequities in all aspects and how to address  
4 the inequities in New York City. What specific  
5 barriers do individuals currently face in accessing  
6 fertility treatment due to limited insurance  
7 coverage, which we know...

8 CHAIRPERSON SCHULMAN: Council Member,  
9 we're doing our STI bill.

10 COUNCIL MEMBER NARCISSE: I'm so far away  
11 from there. Sorry. Go ahead. My question is for the...

12 CHAIRPERSON SCHULMAN: Okay, so there are  
13 no other questions for the Assistant Commissioner?  
14 Okay.

15 Assistant Commissioner, I want to thank  
16 you, and we want to thank the Commissioner and the  
17 Deputy Mayor as well for being partners with us on  
18 all kinds of healthcare issues, so we much appreciate  
19 it.

20 ASSISTANT COMMISSIONER ARACENA: Thank  
21 you. Thank you for your time.

22 CHAIRPERSON SCHULMAN: Thank you.

23 COUNCIL MEMBER NARCISSE: And I apologize,  
24 Commissioner, because being in traffic for so long in  
25 New York City can get you upside down, and I'm trying

2 to reset. I'm trying to reset. It's just, like, not  
3 easy. I'm so upset to not be on time, and I love  
4 being on time. Sorry. I appreciate your time.

5 CHAIRPERSON SCHULMAN: While we're  
6 switching gears, I want to acknowledge that we've  
7 been joined virtually by Council Member Ariola.

8 Okay. I'm going to ask the Committee  
9 Counsel to administer the oath to the Administration.  
10 Good morning.

11 COMMITTEE COUNSEL PEPE: Good morning.  
12 Just ensure that your microphone is on. Please raise  
13 your right hand. In accordance with the rules of the  
14 Council, I will administer the affirmation to the  
15 witnesses from the Mayoral Administration.

16 Do you affirm to tell the truth, the  
17 whole truth, and nothing but the truth in your  
18 testimony before this Committee and to respond  
19 honestly to Council Member questions?

20 FIRST DEPUTY COMMISSIONER POLLAK: Yes.

21 COMMITTEE COUNSEL PEPE: You may proceed  
22 with your testimony.

23 FIRST DEPUTY COMMISSIONER POLLAK: Thank  
24 you.



2 Good morning, Chair Schulman, Members of  
3 the Health Committee. I'm Daniel Pollak, First Deputy  
4 Commissioner at the Office of Labor Relations. Thank  
5 you for the opportunity to testify today.

6 I'm here to discuss Intro. 718, which  
7 would require the City to establish family building  
8 benefits for City employees intended to cover some or  
9 all of the costs of assisted reproduction and  
10 adoption for City employees that are not otherwise  
11 covered by the City's health plan.

12 Before discussing our perspective  
13 regarding this legislation, I would like to take the  
14 opportunity to summarize our current coverage in this  
15 area. For context, the City spends over 11 billion  
16 dollars a year for health benefits for its employees,  
17 dependents, and retirees. To put the size of that  
18 expense into context, it's approximately 10 percent  
19 of the entire City budget of 114 billion dollars. As  
20 with all employers, we continue to incur increase in  
21 costs in providing health benefits due to increases  
22 in hospital costs, the cost of prescription drugs,  
23 and new state mandates. Union welfare funds which  
24 provide benefits such as dental, vision, and  
25 prescription drugs face the same pressures. Our goal

2 in partnership with our City unions is always to  
3 provide high-quality health insurance to our  
4 employees, and we are constantly working to maintain  
5 the high-quality benefits we provide while containing  
6 the increase in costs. Our health plan provides  
7 numerous fertility benefits to eligible individuals.  
8 This includes fertility treatments such as genetic  
9 screening, semen analysis, ovulation induction and  
10 monitoring, intrauterine insemination, known as IUI,  
11 and up to three cycles of in vitro fertilization,  
12 IVF. We believe that our fertility benefits are  
13 strong, and we currently spend over 50 million  
14 dollars a year on fertility benefits for our  
15 employees and other covered individuals. For the  
16 City's largest plan, the CBP plan, we utilize  
17 WINFertility for management of fertility benefits. In  
18 addition to providing authorizations for fertility  
19 treatment, WIN provides case management and support  
20 to families with infertility issues. Members receive  
21 information about infertility causes, testing, and  
22 different treatment and medication options.  
23 WINFertility also provides a personalized care plan  
24 with treatment recommendations, including access to  
25 reproductive behavioral health support and nutrition

2 coaching as needed. Additionally, WINFertility  
3 provides 24/7 access to their nurse care advocates  
4 who can answer questions, help find doctors, and talk  
5 through patient concerns. Other services provided by  
6 WIN include pre-approvals for fertility-related  
7 prescription medication as well as help managing and  
8 taking those medications and guidance through the  
9 fertility preservation process, including help  
10 finding in-network egg freezing facilities.

11 I want to speak in more detail  
12 specifically about our IVF coverage and eligibility  
13 requirements. Individuals may be eligible for IVF  
14 coverage if they're diagnosed with infertility as  
15 defined by State rules and regulations. An individual  
16 may also be eligible for IVF coverage if they're  
17 unable to conceive due to their sexual orientation or  
18 gender identity without having to confirm an  
19 infertility diagnosis. This has been the case since  
20 at least 2021 when the State Department of Financial  
21 Services issued guidance regarding the issue so I  
22 want to be clear, since I know there is confusion in  
23 this area, gay males who are covered by the City  
24 health plan are eligible for IVF benefits and do not  
25 need to establish a diagnosis of infertility to be

2 eligible for those benefits. Once eligibility is  
3 established, also the employees and dependents are  
4 eligible for the same benefits, regardless of sexual  
5 orientation or gender identity. For those who require  
6 donor oocytes and/or sperm, that includes costs  
7 associated with the fertilization of a donor oocyte  
8 and/or with the use of donor sperm, including  
9 preparation of the oocyte or sperm, fertilization and  
10 culture of embryos, genetic testing of embryos if  
11 medically necessary, cryopreservation of embryos or  
12 sperm, thawing of embryos or sperm, and preparation  
13 of an embryo for transfer. It should also be noted  
14 that age restrictions are not permitted for covered  
15 infertility services. However, treatments and  
16 procedures on an individual who is not an employee,  
17 non-Medicare retiree, or dependent enrolled in City  
18 health insurance benefits are not covered so that  
19 includes the cost of treatment associated with oocyte  
20 retrieval from a donor, sperm donation, and the cost  
21 of embryo transfer to a surrogate or gestational  
22 carrier. Cost associated with procurement of donor  
23 material and gestational carrier or surrogate  
24 compensation are also not covered by our health plan.  
25 Again, this is true regardless of sexual orientation.

2 Gay individuals or couples are eligible for the same  
3 benefits as heterosexual couples who require the use  
4 of donor oocytes or sperm and/or a surrogate or  
5 gestational carrier. I understand the scope of  
6 coverage and benefits in this area can be confusing,  
7 so we've recently updated the summary plan  
8 description posted on OLR's website to provide  
9 greater clarity, and we are working with WINFertility  
10 to explore other ways to educate our covered members  
11 on these benefits, such as webinars and videos.

12 I'd now like to speak for a moment on  
13 Intro. 718, which would require the City to cover  
14 some or all of the costs associated with assistant  
15 reproduction and adoption for its employees. While we  
16 appreciate the intent behind this introduction, these  
17 benefits, like other health benefits and fringe  
18 benefits, are mandatory subjects of collective  
19 bargaining under Article 14 of the New York State  
20 Civil Service Law, also known as the Taylor Law,  
21 which means these benefits cannot be created by local  
22 law. While we are open to continue exploring ways to  
23 address this critical issue, we believe benefits and  
24 compensation should and legally must be negotiated  
25 through collective bargaining with our municipal

2 unions and, indeed, we've historically found that the  
3 City and its unions working together can and do  
4 negotiate improvements in employee benefits in a way  
5 that is best suited to the needs of unions and their  
6 members.

7           Thank you for this opportunity to  
8 testify. The Office of Labor Relations strongly  
9 believes that also the employees deserve high-quality  
10 and equitable healthcare. As we have for many years,  
11 we will continue to work with our municipal unions to  
12 make appropriate modifications and enhancements to  
13 our health plan in the best interests of employees  
14 and taxpayers. I will be happy to answer any  
15 questions the Committee may have.

16           CHAIRPERSON SCHULMAN: Thank you, Deputy  
17 Commissioner. How much does the City currently spend  
18 per year on family building benefits for City  
19 employees, such as fertility treatments?

20           FIRST DEPUTY COMMISSIONER POLLAK: Looking  
21 at the last two years, we've spent in each year over  
22 50 million dollars a year, approximately, and that  
23 includes both the cost of medical claims as well as  
24 the cost of prescription drugs for fertility.

2 CHAIRPERSON SCHULMAN: Out of the total  
3 number of City employees who are on the City's health  
4 insurance plan, how many or what percentage of  
5 employees this year or last year had used or are  
6 currently using the IVF and fertility preservation  
7 benefits?

8 FIRST DEPUTY COMMISSIONER POLLAK: Again,  
9 looking at the last two years, and we're looking at  
10 April through March of each year, so '22 to '23 and  
11 '23to '24, and each year it was over 3,000 members.

12 CHAIRPERSON SCHULMAN: How much would the  
13 cost to the City increase if IVF coverage was  
14 expanded to cover treatments associated with egg  
15 retrieval from a donor, sperm donation, an embryo  
16 transferred to a surrogate or gestational carrier?

17 FIRST DEPUTY COMMISSIONER POLLAK: In  
18 answering that question, I first want to note that  
19 those kinds of benefits wouldn't be covered under our  
20 health plan because they're treatments or procedures  
21 on a non-insured individual.

22 CHAIRPERSON SCHULMAN: For anyone or just  
23 for... I mean, for anyone or just?

24 FIRST DEPUTY COMMISSIONER POLLAK: For  
25 anyone who's not, if it's a procedure or treatment on

2 someone who's not actually covered by our insurance  
3 plan, so not a dependent, not an employee, not a pre-  
4 Medicare retiree, it would not be covered so in the  
5 case of a donor or a surrogate or gestational  
6 carrier, that wouldn't be under our health plan. If  
7 there were a separate benefit, like a reimbursement  
8 benefit, which I'd want to note, it wouldn't be  
9 covered by our health plan. It would likely be a  
10 taxable reimbursement benefit. In terms of how much  
11 the cost would be, it's hard to estimate how many  
12 City employees would utilize this and also it kind of  
13 depends on the scope of the benefit. There are a lot  
14 of different services that can be covered. There's  
15 donation, there's surrogacy, there's adoption as  
16 referenced in the bill as well, there's voluntary egg  
17 freezing, there are a whole host of benefits, and  
18 then, of course, it depends on the amount of the  
19 benefit so my understanding where these kinds of  
20 benefits are provided, there's almost always a cap  
21 because, unfortunately, the cost of these procedures  
22 and these benefits can be extraordinarily high so it  
23 really depends on what the benefit is. I can give you  
24 a sense of what the cost of some of these procedures  
25 are. I think you, Chair, mentioned them already in



2 your opening, but an IVF cycle for egg retrieval, in  
3 the case of a donor egg, would cost anywhere from  
4 10,000 to 30,000 dollars for each cycle. The cost of  
5 procuring frozen donor eggs is 15,000 to 20,000  
6 dollars generally. Frozen semen samples can cost  
7 anywhere from 1,000 to 3,000 dollars, sometimes even  
8 more depending on the type of options you want to  
9 avail yourself of. That doesn't include the costs of  
10 donor or surrogate compensation, agency fees, which  
11 sometimes exist, these can be extraordinarily  
12 expensive benefits.

13 CHAIRPERSON SCHULMAN: Introduction 718  
14 was last heard in June of 2022. At that hearing, OLR  
15 testified that you strongly believe that all City  
16 employees deserve high-quality and equitable  
17 healthcare. Is this still the City's position and, if  
18 so, can you please describe how current coverage for  
19 family building benefits ensures that all employees,  
20 including those that are in non-heterosexual  
21 relationships, have equal access to high-quality care  
22 to help build their families?

23 FIRST DEPUTY COMMISSIONER POLLAK: Thank  
24 you for the question, Chair Schulman. Yes, we  
25 continue to believe that all city employees should

2 have equitable access to treatment. As I mentioned in  
3 my testimony, our insurance coverage provides the  
4 same benefits for all individuals, regardless of  
5 sexual orientation. Some of the issues come up when  
6 you're talking about requiring the use of a donor or  
7 gestational carrier, and that's the same regardless  
8 of sexual orientation. If you have a heterosexual  
9 individual or couple who requires those services,  
10 those are not covered, and the same is true for a gay  
11 couple or individual.

12 CHAIRPERSON SCHULMAN: Is this coverage  
13 more robust than previous City health insurance  
14 plans? If yes, please describe the services that are  
15 now covered that were not previously.

16 FIRST DEPUTY COMMISSIONER POLLAK: I don't  
17 have a complete list of that. We can get back to you.  
18 Obviously, treatments always evolve over time. We  
19 continue to cover kind of all medically necessary  
20 fertility treatments that are indicated and as  
21 mandated by the State coverage. I could get back to  
22 you with a list of how our coverage has changed over  
23 time.

24 CHAIRPERSON SCHULMAN: You mentioned in  
25 your testimony that the cost of healthcare is going

2 up, right, so do you have a record of who's applied  
3 for these benefits and whether they've been denied or  
4 provided because I assume you have to keep some kind  
5 of record to see where costs are going up or changes.

6 FIRST DEPUTY COMMISSIONER POLLAK: Yes. In  
7 terms of the way the process works for fertility  
8 benefits is authorization, as I mentioned, is done by  
9 WINFertility, which specializes in these kinds of  
10 infertility benefits so WIN would have records of  
11 every time someone sought insurance coverage for  
12 fertility treatments.

13 CHAIRPERSON SCHULMAN: And WIN works  
14 through you, right?

15 FIRST DEPUTY COMMISSIONER POLLAK: Yes.

16 CHAIRPERSON SCHULMAN: Okay, so can you go  
17 back to them and get those numbers for us to see?

18 FIRST DEPUTY COMMISSIONER POLLAK: Yes,  
19 Chair Schulman, and the number specifically you're  
20 asking for is the number of denials for these  
21 services?

22 CHAIRPERSON SCHULMAN: Denials and what  
23 also has been provided, both that have been approved  
24 and not approved and, if there's a breakdown of

2 whether they're heterosexual, non-heterosexual  
3 couples or individuals?

4 FIRST DEPUTY COMMISSIONER POLLAK: Yes, we  
5 will work to get that information for the Council.

6 CHAIRPERSON SCHULMAN: Does the City  
7 support a family benefits program that assists all  
8 types of families in becoming parents, whether  
9 through adoption, IVF, surrogacy, or other methods of  
10 family building and, if so, how is the City helping  
11 City employees and their families access these  
12 services?

13 FIRST DEPUTY COMMISSIONER POLLAK: I would  
14 say that we always want to support our employees in  
15 raising families and having children. We believe that  
16 any establishment of new benefits has to occur  
17 through the collective bargaining process. The  
18 collective bargaining process is about weighing  
19 different priorities and making determinations as to  
20 what's best suited to the union bargaining those  
21 benefits, and we think any new benefits really have  
22 to come through that process so we completely support  
23 every effort to support City employees in building  
24 families, but we think anything that leads to those

2 benefits has to come through the collective  
3 bargaining process.

4                   CHAIRPERSON SCHULMAN: The State  
5 Department of Finance issued guidance in 2021  
6 clarifying that individuals may also be eligible for  
7 IVF coverage if they are unable to conceive due to  
8 their sexual orientation or gender identity. OLR  
9 stated in a letter yesterday and in your testimony  
10 today that this guidance is being followed. As a  
11 result of this guidance, has there been an increase  
12 in use of IVF benefits by City employees and, if so,  
13 by how much?

14                   FIRST DEPUTY COMMISSIONER POLLAK: We only  
15 have our data from the last couple of years. We can  
16 go back and get the data prior to 2021 and update  
17 you.

18                   CHAIRPERSON SCHULMAN: Is OLR monitoring  
19 for denials of coverage in violation of this  
20 guidance? If so, what actions are being taken to  
21 ensure that these denials are reversed and that  
22 insurers adhere to the State's guidance? And I'm  
23 asking this because, while you're saying that non-  
24 heterosexual couples are not being discriminated

2 against, in practice that may not be the case so how  
3 are you monitoring that?

4                   FIRST DEPUTY COMMISSIONER POLLAK: We  
5 expect all our insurers and insurance vendors to  
6 comply with State law. We have had conversations with  
7 our carriers and with WINFertility on this issue.  
8 They've told us their processing authorizations in  
9 accordance with that State law. They have a process  
10 in place to approve claims or approve treatments  
11 where it's indicated the member cannot conceive due  
12 to their sexual orientation. We don't have a specific  
13 audit of our fertility benefits in place to analyze  
14 each authorization and what happened.

15                   CHAIRPERSON SCHULMAN: Do you think you  
16 should have one in place?

17                   FIRST DEPUTY COMMISSIONER POLLAK:  
18 Obviously, with authorization generally, we do  
19 certain audits, and I can't speak right now to the  
20 scope of all those audits, but there are thousands,  
21 tens of thousands, probably hundreds of thousands  
22 authorizations we do every year for insurance  
23 coverage. I think the practicality of doing a large-  
24 scale audit is challenging, but we can certainly look  
25 into it. I understand the question and the intent

2 behind it, so we'll get back to you on the  
3 feasibility.

4 CHAIRPERSON SCHULMAN: I mean, it's a good  
5 practice anyway to see, because healthcare is one of  
6 the most important things that we can rely on, and  
7 plus the fact that the Mayor has launched HealthyNYC  
8 to extend life expectancy and to make sure that  
9 people live healthier lives and have a higher well-  
10 being, and so this plays into that.

11 FIRST DEPUTY COMMISSIONER POLLAK: Yes,  
12 we'll certainly look into that. I appreciate that.

13 CHAIRPERSON SCHULMAN: Before I ask my  
14 next question, I want to recognize we've been joined  
15 by Council Member De La Rosa, Council Member Feliz,  
16 and Council Member Zhuang.

17 The City's current health benefits  
18 program states that a City employee may still be  
19 eligible for IVF coverage if they are unable to  
20 conceive due to their sexual orientation or gender  
21 identity. Can you please elaborate on the statement  
22 and what it means for LGBTQIA-plus individuals  
23 seeking coverage for family-building services?

24 FIRST DEPUTY COMMISSIONER POLLAK: Sure.  
25 As I mentioned earlier, there are multiple ways to

2 qualify for fertility benefits. One is by diagnosis  
3 of infertility, but for individuals or couples who  
4 can't conceive due to their sexual orientation, they  
5 do not need to prove infertility. Just by virtue of  
6 that sexual orientation, they are eligible for  
7 certain fertility benefits so, in the case of a gay  
8 male couple, for example, they would immediately be  
9 eligible for some of the services I mentioned, such  
10 as fertilization and culture of embryos, preparation  
11 of sperm for fertilization of a donor oocyte as well  
12 as potentially genetic testing of the sperm or  
13 embryo. In the case of a gay female employer couple,  
14 they would immediately be eligible to undergo  
15 intrauterine insemination, which would be the first  
16 step before any IVF coverage.

17 CHAIRPERSON SCHULMAN: Under the letter of  
18 State law, IVF coverage is only possible if a City  
19 employee, non-Medicare retiree, or their dependents  
20 receive a diagnosis of infertility, which is defined  
21 by State law and has been interpreted, possibly even  
22 after 2021, to effectively exclude gay men and other  
23 individuals from receiving such diagnosis and  
24 therefore receiving any coverage for IVF. IVF  
25 procedures on any individual who's not an employee,



2 non-Medicare retiree, or dependent are not covered,  
3 including surrogates but, for gay men and their  
4 partners, IVF, egg retrieval, embryo creation, and  
5 surrogacy are the only ways they are able to  
6 conceive. In other words, biologically, gay men and  
7 their partners cannot receive an infertility  
8 diagnosis and therefore cannot receive any coverage  
9 for IVF. Is it OLR's stated position today that an  
10 infertility diagnosis is not required, I know you've  
11 said it, but I'm asking again, an infertility  
12 diagnosis is not required to obtain coverage, but  
13 clearly some gaps remain, and it is unclear to what  
14 extent care for a gay male couple, for example, would  
15 be covered as compared to a heterosexual couple. How  
16 does the City plan to address any remaining gaps in  
17 coverage for such individuals, considering its  
18 position that all City employees deserve high-quality  
19 and equitable healthcare? Sorry, it's a long  
20 question.

21 FIRST DEPUTY COMMISSIONER POLLAK: No  
22 problem, Council Chair Schulman. It is our position  
23 that we do not require a diagnosis of infertility for  
24 gay individuals or couples to be eligible for  
25 fertility benefits.

2 CHAIRPERSON SCHULMAN: Okay. Last year,  
3 the American Society for Reproductive Medicine  
4 updated its definition of infertility to include  
5 anyone needing medical intervention, including but  
6 not limited to the use of donor gametes or donor  
7 embryos to achieve a successful pregnancy, either as  
8 an individual or with a partner. Do you believe that  
9 this definition is more inclusive of the various  
10 types of individuals and families wishing to start a  
11 family?

12 FIRST DEPUTY COMMISSIONER POLLAK: I  
13 think, just from hearing that, the result is the  
14 same, that a gay individual or couple or anyone who  
15 really requiring the use of donor material, oocytes  
16 or sperm, is eligible for coverage. What they're  
17 eligible for is the treatments I described. Where  
18 they're not eligible is for the procurement of the  
19 donor material.

20 CHAIRPERSON SCHULMAN: You've mentioned  
21 the Taylor Law and collective bargaining a few times  
22 so is it OLR's position that benefits for non-union  
23 employees can be established by Local Law?

24 FIRST DEPUTY COMMISSIONER POLLAK: That's  
25 a legal question that I don't believe we have a

2 position on at the time. We'd have to get back to the  
3 Council on that. Certainly, it's not a Taylor Law  
4 issue, but there may be other issues.

5 CHAIRPERSON SCHULMAN: What assistance do  
6 employees get if they want to adopt and are not  
7 interested in fertility treatments?

8 FIRST DEPUTY COMMISSIONER POLLAK: The  
9 City doesn't have any adoption benefits at this time.

10 CHAIRPERSON SCHULMAN: What funding  
11 sources would be used for this for Intro. 718 if it  
12 were to go into effect?

13 FIRST DEPUTY COMMISSIONER POLLAK: If  
14 Intro. 718 were passed and it applied citywide, there  
15 would obviously need to be funding for the new  
16 benefit. It could be a costly benefit, and it would  
17 add to the City's costs. It probably wouldn't be  
18 costs under the health insurance plan, as I  
19 mentioned. It would be a new benefit that would  
20 essentially be another form of compensation to  
21 employees who submit for reimbursement.

22 CHAIRPERSON SCHULMAN: Are there any  
23 financial aid packages for City employees that  
24 require reproductive healthcare services?

2 FIRST DEPUTY COMMISSIONER POLLAK: None  
3 that I'm aware of.

4 CHAIRPERSON SCHULMAN: I'm going to leave  
5 it up to my Colleagues. Council Member Narcisse.

6 COUNCIL MEMBER NARCISSE: Thank you. Now,  
7 I'm kind of awake a little bit, not upset anymore.  
8 Intro. 718. How much does the City currently spend  
9 per year on family-building benefit for City  
10 employees such as fertility treatment?

11 FIRST DEPUTY COMMISSIONER POLLAK: The  
12 City currently spends over 50 million dollars a year  
13 on those benefits.

14 COUNCIL MEMBER NARCISSE: How much?

15 FIRST DEPUTY COMMISSIONER POLLAK: Over  
16 50, 5-0.

17 COUNCIL MEMBER NARCISSE: 5-0. Out of the  
18 total number of the City employees who are at the  
19 City's health insurance plan, how much of what  
20 percentage of employees of last year had used or are  
21 currently using the IVF and fertility preservation  
22 benefits?

23 FIRST DEPUTY COMMISSIONER POLLAK: The  
24 number there is over 3,000 per year and, if you want  
25 a percentage, we have over a million covered lives in

2 our health insurance program, so it's probably in the  
3 neighborhood of 3 percent, maybe a little bit less,  
4 and that includes dependents and pre-Medicare  
5 retirees, not just employees.

6 COUNCIL MEMBER NARCISSE: How much would  
7 the cost to the City increase if IVF coverage was  
8 expanded to cover treatments associated with egg  
9 retrieval from a donor sperm donation and embryo  
10 transfer to a surrogate or gestational carrier?

11 FIRST DEPUTY COMMISSIONER POLLAK: The  
12 cost of that is difficult to estimate because we  
13 don't know either the uptake or the extent of the  
14 benefit. Benefits like that, as I mentioned to Chair  
15 Schulman, are often capped when there's a  
16 reimbursement. When these benefits are provided by  
17 employers, there's often a cap on reimbursement, so  
18 it really depends on that because these can be very,  
19 very expensive benefits.

20 COUNCIL MEMBER NARCISSE: It's very  
21 expensive.

22 FIRST DEPUTY COMMISSIONER POLLAK: Yes.

23 COUNCIL MEMBER NARCISSE: How much would  
24 the cost... No, I'm leaving that one. I have another  
25 question that I was trying to face with that. What

2 impact do you anticipate this family-building  
3 benefits would have on employee satisfaction,  
4 retention, and overall workforce morale.

5 FIRST DEPUTY COMMISSIONER POLLAK: If  
6 there were greater benefits provided in this area or  
7 new benefits, certainly the people who receive  
8 benefits from it would, I assume, be happier. They  
9 would appreciate that. It's hard to say, again, how  
10 many people would benefit from this coverage. We  
11 don't have an estimate so it's hard to gauge really  
12 what the impact would be.

13 COUNCIL MEMBER NARCISSE: So if you  
14 estimate.

15 FIRST DEPUTY COMMISSIONER POLLAK: I  
16 apologize. I don't think I can provide.

17 COUNCIL MEMBER NARCISSE: You don't want  
18 to throw numbers.

19 FIRST DEPUTY COMMISSIONER POLLAK: I don't  
20 really know how many people are seeking this kind of  
21 benefit and would obtain it.

22 COUNCIL MEMBER NARCISSE: How often does  
23 OLR review and update benefits to ensure they  
24 continue to meet the evolving needs of the City  
25 employees?

2 FIRST DEPUTY COMMISSIONER POLLAK: It's a  
3 constant effort. We're always looking at our benefits  
4 and what we provide. I would say, we have staff who  
5 are dedicated solely to this task of looking at our  
6 health insurance coverage and plans and seeing what's  
7 happening on a day-to-day, week-to-week basis, and we  
8 also have monthly meetings with the Municipal Labor  
9 Committee to oversee our health plan along with  
10 expert consultants in the healthcare field that both  
11 we and the Municipal Labor Committee hire so it's a  
12 constant effort. I would say it's not every once in a  
13 while. It's every day, every week, every month that  
14 we're looking at these things.

15 COUNCIL MEMBER NARCISSE: Okay. Last  
16 question. How much would the cost to the City  
17 increase if IVF coverage was expanded to cover costs  
18 associated with the procurement of donors of sperms,  
19 embryos, and just gestational carriers or surrogate?

20 FIRST DEPUTY COMMISSIONER POLLAK: Again,  
21 I think that would depend on kind of the scale of the  
22 benefit. If you're covering the full cost of the  
23 services, it could be extraordinarily expensive. As I  
24 mentioned, the cost of donor eggs can be 20,000  
25 dollars per round.

2 COUNCIL MEMBER NARCISSE: 20,000?

3 FIRST DEPUTY COMMISSIONER POLLAK: 20,000

4 dollars. The cost of donor semen can be 1,000 to  
5 3,000 dollars. The cost of surrogacy, there are  
6 various things you could cover. There's the embryo  
7 transfer to a surrogate, which is probably the least  
8 expensive of everything. There's also, obviously, the  
9 costs of the pregnancy, which if it's not covered for  
10 some reason by the surrogate's own insurance, which  
11 it should be but, if it's not, that could be very  
12 expensive, and then there is compensation. Donors as  
13 well as surrogates are usually compensated, and  
14 sometimes there's an agency fee as well because  
15 there's an agency involved in this, and those fees  
16 can really get very high.

17 COUNCIL MEMBER NARCISSE: All right. Thank  
18 you. Thank you, Chair.

19 CHAIRPERSON SCHULMAN: Thank you. Council  
20 Member Marmorato.

21 COUNCIL MEMBER MARMORATO: Thank you.

22 Having a child is a big responsibility. It's not an  
23 overnight decision, and we should by no means deter  
24 any City employee from that opportunity. It's been 45  
25 years since a life was created through IVF, and times



2 have changed, and we need to stay current with those  
3 times, and it's disheartening to me to hear that  
4 you're really not considering it, and it really comes  
5 down to bottom line and dollar amount. I mean, you  
6 really need to, like Council Member Narcisse asked a  
7 lot of the questions that I wanted to know, but it's  
8 like you really don't have the information that you  
9 should have. You should kind of figure out how many  
10 employees would benefit, how many employees are going  
11 to look to have these treatments who can't naturally  
12 have children themselves. You need to do some kind of  
13 study or outreach to the employees, because it's  
14 important. I mean, how much more money, if you're  
15 spending 50 million a year for 3,000 people, that's  
16 really not a lot of money. It sounds like only one or  
17 two IVF or implantations can be done per person, and  
18 it doesn't sound like a lot of money so, even if you  
19 give that opportunity to our employees just once, it  
20 would be huge so is there any way you could possibly  
21 go out, do like outreach to our employees?

22 FIRST DEPUTY COMMISSIONER POLLAK: Thank  
23 you, Council Member. I do appreciate the question and  
24 the thought. We will certainly explore that. We are  
25 by no means saying that we don't understand the

2 import of benefits like this and the value it can  
3 bring to employees, and we will continue to talk  
4 about it and to look at these issues.

5 COUNCIL MEMBER MARMORATO: And these are  
6 like contributing members to society. You know,  
7 they're paying into their benefits. It's not like  
8 it's free so they should be allowed to have the  
9 opportunity.

10 FIRST DEPUTY COMMISSIONER POLLAK: Yeah, I  
11 appreciate that, Council Member and, yes, obviously,  
12 we want to support our employees. Obviously, there  
13 are always limitations to what we can provide, but we  
14 do want to support our employees, and we will  
15 continue to look at these issues.

16 COUNCIL MEMBER MARMORATO: Okay. Thank  
17 you.

18 CHAIRPERSON SCHULMAN: Thank you. Council  
19 Member Restler.

20 COUNCIL MEMBER RESTLER: Great. Thank you  
21 so much, Chair Schulman, and I really deeply  
22 appreciate your leadership on this issue, the  
23 thoughtful legislation that you've introduced, and  
24 your vocal advocacy.

2 Nicholas Maggipinto and Corey Briskin  
3 live in my Council District. I have been inspired by  
4 their advocacy and litigation to guarantee access to  
5 IVF to all New York City employees. It's good to see  
6 you, Deputy Commissioner Pollack. Just to make sure I  
7 understand, any hetero couple that works for the City  
8 of New York that qualifies for IVF, that would be  
9 covered by their insurance?

10 FIRST DEPUTY COMMISSIONER POLLAK: Good to  
11 see you, too, Council Member Restler. A heterosexual  
12 couple who either meets the definition of infertility  
13 under State law would be covered for IVF benefits.  
14 That's correct.

15 COUNCIL MEMBER RESTLER: And a lesbian  
16 couple that meets the infertility determination under  
17 State law, works for the City of New York, either  
18 partner, would qualify for IVF, correct?

19 FIRST DEPUTY COMMISSIONER POLLAK: Not  
20 exactly. The same-sex female individual or couple  
21 would not need to prove an infertility diagnosis,  
22 first of all and, initially, they would qualify for  
23 IUI, intrauterine insemination. They would have to  
24 take that step before qualifying for IVF coverage. If  
25

2 they're unable to conceive via IUI, then they would  
3 qualify for IVF coverage.

4 COUNCIL MEMBER RESTLER: So it's only a  
5 gay male couple that would be in this situation that  
6 they'd be ineligible, unable to access this way of  
7 getting pregnant and having a family with support and  
8 coverage from the City of New York.

9 FIRST DEPUTY COMMISSIONER POLLAK:

10 Respectfully, Council Member, I don't think that's  
11 correct. Gay male couples are eligible for IVF  
12 benefits. They're eligible without having to prove an  
13 infertility diagnosis. The benefits they're eligible  
14 for include fertility treatments, testing of sperm  
15 and embryos, fertilization and culture of embryos,  
16 storage costs for frozen embryos if necessary, and  
17 other related treatments. It's the exact same  
18 coverage a heterosexual individual or couple who  
19 requires the use of donor material or a gestational  
20 carrier would be entitled for. There's no difference  
21 at all. It's really about the services that are  
22 performed on non-insured individuals. In each of  
23 those cases, a heterosexual couple who requires donor  
24 material or a gay couple, if you need donor material,

2 that cost is not covered because that's a service or  
3 treatment on a non-insured individual.

4 COUNCIL MEMBER RESTLER: But aren't we  
5 being a little cute? I mean, inherently, for the  
6 hetero couple or the lesbian couple, they are going  
7 to be insured, it's only the gay male couple that  
8 needs a non-insured third party to assist them in  
9 having this baby that would need that coverage and  
10 support so to say that it's the exact same coverage  
11 is not true, right? I mean, there's a clear  
12 distinction here that gay couples are being  
13 discriminated against versus the resources that every  
14 other couple has access to to be able to have a  
15 child.

16 FIRST DEPUTY COMMISSIONER POLLAK:  
17 Respectfully, I just don't agree with that, Council  
18 Member. There are many heterosexual individuals who  
19 require the use of donor materials who are unable to  
20 provide eggs or sperm or require the use of a  
21 gestational carrier. It's probably more common than I  
22 wish it was in the world, and they have access to the  
23 exact same benefits. In terms of a same-sex female  
24 couple, they would require the use of donor sperm,  
25 and that would not be covered so it's not just

2 homosexual males who face this issue, and this is  
3 really related to essentially what health insurance  
4 plans cover. Health insurance plans cover insured  
5 individuals. Any kind of cost of donor for procuring  
6 donor materials for gestational carriers, that's  
7 really outside the health insurance plan.

8 COUNCIL MEMBER RESTLER: And do you  
9 believe that local legislation to guarantee IVF  
10 coverage for gay couples would be preempted by the  
11 Taylor Law for all City employees, if that was the  
12 law that we tried to implement?

13 FIRST DEPUTY COMMISSIONER POLLAK: I  
14 believe that legislation that relates to health  
15 benefits for City employees is preempted by the  
16 Taylor Law. That has to be bargained. In the case of...

17 COUNCIL MEMBER RESTLER: All City  
18 employees?

19 FIRST DEPUTY COMMISSIONER POLLAK:  
20 Legislation that seeks to impose benefits on all City  
21 employees must be bargained.

22 COUNCIL MEMBER RESTLER: What about  
23 managerial employees?

24

25

2 FIRST DEPUTY COMMISSIONER POLLAK: So  
3 managerial employees, it wouldn't be a Taylor Law  
4 issue. There may be other legal issues with that.

5 COUNCIL MEMBER RESTLER: What would the  
6 other legal issues be?

7 FIRST DEPUTY COMMISSIONER POLLAK: I can't  
8 speak to that right now. I would have to get back to  
9 the Council on that, but that's obviously not a  
10 Taylor Law issue.

11 COUNCIL MEMBER RESTLER: Right. Just as  
12 another thought for a way to navigate this. Could you  
13 also enlighten us, in recent years, the previous  
14 Administration expanded health-related benefits for  
15 managerial employees before they were collectively  
16 bargained. Is that right?

17 FIRST DEPUTY COMMISSIONER POLLAK: I'm  
18 sorry, could you be more specific which health  
19 benefits?

20 COUNCIL MEMBER RESTLER: For paid family  
21 leave?

22 FIRST DEPUTY COMMISSIONER POLLAK: Oh,  
23 paid parental leave, yes.

24 COUNCIL MEMBER RESTLER: Paid parental  
25 leave. Could you elaborate?

2 FIRST DEPUTY COMMISSIONER POLLAK: Sure.

3 Paid parental leave was established for non-union  
4 employees by... Taking a step back, as a general  
5 matter, we don't like to provide better benefits or  
6 better total compensation to our non-union employees  
7 and to our unionized employees for reasons that I  
8 think everyone understands so, if a new benefit is  
9 going to be provided to managerial employees, it has  
10 to be funded in some way out of the existing package  
11 or out of a collective bargaining or wage increase  
12 package that typically managers, non-union employees  
13 receive after unionized employees have settled for a  
14 round of bargaining. I think it was 2017 or 2018, the  
15 last Administration created a six-week paid parental  
16 leave benefit for non-union employees by canceling a  
17 0.47 percent wage increase that was due to be paid to  
18 these employees as well as reducing the vacation  
19 accrual for the most senior managerial employees.

20 COUNCIL MEMBER RESTLER: And, subsequent  
21 to that, it has been incorporated into most labor  
22 agreements? All labor agreements?

23 FIRST DEPUTY COMMISSIONER POLLAK: It has.  
24 It's varied. That particular benefit, full paid  
25 family leave, really only exists for a couple of the



2 unions, the United Federation of Teachers and Council  
3 Supervisors and Administrators. Other unions have  
4 opted into the State Paid Family Leave Program, which  
5 is obviously a different program and funded through  
6 an employee payroll deduction, and there are, I  
7 think, over 100,000 City employees who have not  
8 elected to take either option, their unions.

9 COUNCIL MEMBER RESTLER: But as a result  
10 of this step being taken on the administrative level  
11 for managerial employees, we've now seen well over  
12 100,000 unionized workers also receive this benefit  
13 in collective bargaining and more than a third of the  
14 City workforce is benefiting from this.

15 FIRST DEPUTY COMMISSIONER POLLAK: I don't  
16 know if I would say it's because of. I think, at the  
17 time, there was generally a movement to seek this  
18 benefit for City employees but, certainly, there are  
19 now over 200,000 City employees that have benefit to  
20 some paid leave program.

21 COUNCIL MEMBER RESTLER: Great. Well, I  
22 appreciate your answers to the questions, and thank  
23 you, Chair Schulman, for giving me the chance to ask  
24 a couple today.

2 CHAIRPERSON SCHULMAN: I have one last  
3 question. I want to clarify. How does your testimony  
4 square with Administrative Code 12-126, which imposes  
5 a requirement for health benefits for all City  
6 employees?

7 FIRST DEPUTY COMMISSIONER POLLAK: So 12-  
8 126 relates to the obligation to cover the costs of a  
9 health insurance plan up to the cost of the HIP HMO  
10 rate. That is really about the obligation to cover  
11 the cost of a plan. We cover the cost of health  
12 insurance in accordance with that statute. It doesn't  
13 mandate what's in a health insurance plan.

14 CHAIRPERSON SCHULMAN: The last thing that  
15 I want to say here is that we, the City, just in  
16 general, the City provides coverage to, not  
17 necessarily employees, but regular people, regardless  
18 of their immigration status, right, regardless of  
19 their ability to pay, and so, the City should be  
20 providing its employees with care, regardless of who  
21 they love so I just want to put that on the record  
22 and want to thank you for your testimony.

23 FIRST DEPUTY COMMISSIONER POLLAK: Thank  
24 you, Chair Schulman.

2 CHAIRPERSON SCHULMAN: We've been joined  
3 by Council Member Gennaro and Council Member Menin  
4 virtually.

5 FIRST DEPUTY COMMISSIONER POLLAK: Thank  
6 you.

7 CHAIRPERSON SCHULMAN: I now open the  
8 hearing for public testimony.

9 I want to remind members of the public  
10 that this is a government proceeding and decorum  
11 shall be observed at all times. As such, members of  
12 the public shall remain silent at all times.

13 The witness table is reserved for people  
14 who wish to testify. No video recording or  
15 photography is allowed from the witness table.  
16 Further, members of the public may not present audio  
17 or video recordings as testimony but may submit  
18 transcripts of such recordings to the Sergeant-at-  
19 Arms for inclusion in the hearing record.

20 If you wish to speak at today's hearing,  
21 please fill out an appearance card with the Sergeant-  
22 at-Arms and wait to be recognized. When recognized,  
23 you will have two minutes to speak on the legislation  
24 being considered today, Proposed Introduction 435-A,  
25 Introduction 718, or Proposed Resolution 165-A.

2           If you have a written statement or  
3 additional written testimony you wish to submit for  
4 the record, please provide a copy of that testimony  
5 to the Sergeant-at-Arms. You may also email written  
6 testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) within 72  
7 hours of this hearing. Audio and or video recordings  
8 will not be accepted.

9           I want to call on Corey Briskin, and you  
10 have five minutes.

11           COREY BRISKIN: Good morning, Chair  
12 Schulman and other Members of the Council. Thank you  
13 for inviting me to testify in support of the  
14 legislation you've introduced to ensure that all City  
15 employees can receive family-building benefits like  
16 IVF, and thank you for standing with me, my husband,  
17 Nicholas Maggipinto, and other gay male City  
18 employees who are asking the City to treat us equally  
19 by offering gay male city employees the same IVF  
20 benefits that other employees now receive. For most  
21 City employees who earn modest salaries, it's  
22 impossible to grow their families through IVF without  
23 IVF coverage under the City's health plan. That's  
24 true whether they're in a same-sex couple, a  
25 different sex couple, or single. Now, today is the

1 first time I've testified in the City Council, but  
2 it's not the first time that I've spoken on behalf of  
3 the people of this city. From 2017 through 2022, I  
4 served as an Assistant District Attorney in  
5 Manhattan, just a few blocks from here, enforcing the  
6 law and helping to keep residents of New York City  
7 safe. As a gay man, I chose to live and work in New  
8 York City because of its long history of supporting  
9 the rights of gay men and other LGBTQ people. For  
10 instance, in 1986, the City Council prohibited sexual  
11 orientation discrimination in New York City  
12 workplaces, making it clear that gay workers must  
13 receive the same opportunities and benefits as all  
14 other workers and, in 2020, New York's legislature  
15 required health plans with over 100 employees to  
16 cover three IVF cycles for every plan participant and  
17 said that IVF access can't be denied based on sex or  
18 sexual orientation. Because of these strong  
19 protections for LGBTQ workers, when my husband and I  
20 decided to expand our family with biological  
21 children, we assumed that we'd have the same access  
22 to IVF benefits as other City employees through the  
23 City's health plan but, sadly, we were mistaken.  
24 Although IVF is the only feasible way for gay men to  
25

2 grow their families biologically, we were shocked and  
3 dismayed to learn that the City's health plan  
4 categorically excludes gay men from receiving the IVF  
5 benefits that the City offers to women in different  
6 sex relationships, women in same-sex relationships,  
7 and single women. The City's health plan does this by  
8 providing IVF benefits only to employees and their  
9 covered spouses who meet an outdated definition of  
10 infertility, namely the inability to conceive a child  
11 through male-female unprotected intercourse for a  
12 year or through intrauterine insemination. Because we  
13 as gay men can't meet this definition of infertility,  
14 we don't qualify for the valuable IVF benefits that  
15 other City employees are eligible to receive,  
16 including the retrieval and fertilization of eggs.  
17 Now today, Deputy Commissioner Pollak represented to  
18 this Council on behalf of OLR that the City provides  
19 certain fertility benefits without requiring a  
20 diagnosis of infertility. He said that multiple  
21 times. This is inconsistent with what OLR has  
22 previously told us and the EEOC, inconsistent with  
23 what is written in the City's health plan documents  
24 and, frankly, inconsistent with our own lived  
25 experience. Indeed, in 2021, my husband and I were

2 told by the City that we were not eligible for any  
3 IVF coverage under the City's health plan. We were  
4 stunned and disappointed that the City would refuse  
5 to offer IVF benefits to gay men and, due to this  
6 discriminatory policy, we were forced to delay having  
7 children for years because we could not afford the  
8 cost of IVF. As a prosecutor tasked with enforcing  
9 the law, I found it particularly troubling that the  
10 City was denying me and my husband equal protection  
11 under the law on the basis of our sex and sexual  
12 orientation, and I knew that I could not stand idly  
13 by so, in April 2022, my husband and I filed a  
14 discrimination charge with the EEOC and asked Mayor  
15 Adams to change the City's policy to allow gay men to  
16 qualify for IVF benefits. Although Mayor Adams did  
17 not institute this policy, it's still his duty to  
18 ensure that the City complies with federal, state,  
19 and local laws that prohibit this type of  
20 discrimination. Because Mayor Adams refused to change  
21 the City's policy, my husband and I were forced to  
22 file a class action lawsuit against the City in May  
23 2024. In that lawsuit, we are seeking justice for  
24 ourselves and for hundreds or possibly thousands of  
25 other gay male employees and their partners who have

2 been wrongfully denied IVF access, and we describe  
3 how the City's policy unlawfully discriminates  
4 against gay men based on their sex and sexual  
5 orientation in violation of federal, state, and local  
6 anti-discrimination laws and the federal and state  
7 constitutions.

8           We're seeking two types of relief in the  
9 lawsuit. First, we ask the City to reform its policy  
10 so that gay men can receive IVF benefits under its  
11 health plan. The City can do this by implementing the  
12 modern definition of infertility that the American  
13 Society of Reproductive Medicine has adopted. I'm  
14 almost finished. Second, the City must make whole the  
15 gay male employees and their partners who have been  
16 denied IVF benefits in the past. I'm joined today by  
17 our counsel in this case, Peter Romer-Friedman to my  
18 left and Rutgers Law Professor David Lopez, also to  
19 my left, who previously served as the EEOC's general  
20 counsel. We are available to answer any questions  
21 that you have. We hope that the Mayor and OLR will  
22 act on our requests now and make the City a leader on  
23 this issue but, if they won't, it's up to this  
24 Council to ensure that all City employees and their  
25 partners have equal access to family-building



2 benefits like IVF, even if they can't satisfy the  
3 City's discriminatory definition of infertility. Bill  
4 number 718, sponsored by Chair Schulman, my own  
5 Council Member Lincoln Restler, and others, is a  
6 critical first step towards ensuring that all  
7 employees can receive the IVF benefits we need to  
8 build our families. Thank you.

9 CHAIRPERSON SCHULMAN: Okay, I have some  
10 questions. Let me step back a minute. First of all, I  
11 want to commend you and your husband for wanting to  
12 build a family and the efforts that you're making so  
13 we're going to try to do what we can to be helpful  
14 there.

15 COREY BRISKIN: Appreciate that.

16 CHAIRPERSON SCHULMAN: When you said that  
17 in 2021 that you and your husband were told by OLR  
18 that you weren't eligible, was that in writing?

19 COREY BRISKIN: It was.

20 CHAIRPERSON SCHULMAN: Is that possible  
21 for us to get a copy of that?

22 PETER ROMER-FRIEDMAN: We'd be happy to  
23 provide that. In fact, Chair Schulman, the particular  
24 medical codes or procedure codes were provided to  
25 OLR, and the response that Mr. Briskin received was

2 that they weren't covered for them because they were  
3 gay.

4 CHAIRPERSON SCHULMAN: You heard the  
5 testimony today, infertility is not required. He  
6 specifically said that so I'm just noting that.

7 PETER ROMER-FRIEDMAN: It's very  
8 surprising, particularly because as of December of  
9 last year, according to a Freedom of Information Act  
10 request that we made to the EEOC, Dean Waltman from  
11 the Office of Labor Relations told the EEOC that  
12 employees must meet an infertility diagnosis in order  
13 to receive coverage under the health plan that Corey  
14 Briskin...

15 CHAIRPERSON SCHULMAN: Whatever you could  
16 submit to us would be helpful.

17 PETER ROMER-FRIEDMAN: Happy to provide  
18 that as well, Chair. How is the State's 2021 guidance  
19 on coverage insufficient from your perspective?

20 PETER ROMER-FRIEDMAN: I don't know if the  
21 2021 guidance from the State is insufficient. I think  
22 what's insufficient is how it's been implemented by  
23 the City and its health plan. The health plan itself  
24 and the summary plan description talks about the  
25 infertility standard being necessary to qualify for

2 coverage and essentially leaves a gap for gay men. It  
3 talks about for heterosexual couples, 12 months of  
4 unprotected sex without conceiving, or for lesbian  
5 women, six months of IUI gets coverage, but there's  
6 no route for gay men.

7 CHAIRPERSON SCHULMAN: Is it your position  
8 that the City is not adhering to the State's  
9 guidance?

10 PETER ROMER-FRIEDMAN: 100 percent.

11 CHAIRPERSON SCHULMAN: How would Intro.  
12 718 ensure coverage?

13 PETER ROMER-FRIEDMAN: Sure. Our  
14 understanding, Chair, is that your bill would provide  
15 an additional opportunity for gay men and other City  
16 employees and their spouses who can't satisfy the  
17 City's outdated archaic discriminatory definition of  
18 infertility to get the type of coverage that's not  
19 available to them now so, essentially, it would  
20 supplement that. We, of course, think it's necessary  
21 and required by federal law that that would supersede  
22 the Taylor Law or any state or local law that  
23 requires equal benefits in a non-discriminatory way  
24 to be provided. At the same time, though, your bill  
25 would do a great job of that, and there are private

2 employers, like Deutsche Bank, for example, that have  
3 gone through the same step of providing a cash  
4 benefit to employees when the healthcare plan would  
5 not otherwise cover gay men.

6 CHAIRPERSON SCHULMAN: Just as a side  
7 note, do you think that passage of 718 would help the  
8 private sector come more into the fold of giving IVF  
9 for gay men?

10 PETER ROMER-FRIEDMAN: Absolutely. Every  
11 step that could be taken, whether it's a government  
12 or a big private company, to lead the way is a  
13 positive thing and, in fact, Aetna, one of the major  
14 insurers, recently adopted the ASRM standard for  
15 infertility that the City could embrace so more  
16 leaders, especially New York, given its leadership on  
17 LGBTQ issues, would be fantastic.

18 CHAIRPERSON SCHULMAN: I really appreciate  
19 that. Thank you very much.

20 PETER ROMER-FRIEDMAN: Thank you for your  
21 leadership and all the other members in the Council.

22 COMMITTEE COUNSEL PEPE: Thank you so  
23 much. Chair.

24 CHAIRPERSON SCHULMAN: Alice Wong. You  
25 have five minutes.

2 ALICE WONG: Good afternoon, City Council  
3 members. I am Alice Wong, the Executive Director for  
4 New York City Managerial Employees Association. Thank  
5 you for the hearing to address important health  
6 benefits for City employees.

7 The MEA supports these three initiatives.  
8 We ask City Council, or OLR, to clarify the insurance  
9 coverage amount and identify where the funding will  
10 come from. We seek clarification that these programs  
11 will not be expanded at the cost of additional  
12 employee contribution. We ask for clarification on  
13 how these new initiatives will tie to the current  
14 Paid Parental Leave and Paid Family Leave Programs.  
15 We stand firm that the Paid Parental Leave Program  
16 that took away two annual leave days from managers  
17 who earn 27 days per year is unfair. This is because  
18 managers who earn less than 20 days per year do not  
19 contribute any annual leave days to fund the program.  
20 It is most likely that these are the managers who  
21 will benefit from the program. We thank you for your  
22 time and attention to these important matters.

23 CHAIRPERSON SCHULMAN: Thank you very  
24 much.

2           If there's anyone who's present here  
3 today that still would like to testify, please fill  
4 out a sheet with the Sergeant-at-Arms.

5           Otherwise, we're going to move to Zoom  
6 testimony. Thank you very much.

7           Okay, I'm going to call upon Jorie Dugan  
8 for the Center for Reproductive Rights. You have  
9 three minutes to testify.

10           SERGEANT-AT-ARMS: You may begin.

11           JORIE DUGAN: Thank you. Good day,  
12 Honorable Chair and Council Members. My name is Jorie  
13 Dugan, and I am Human Rights Counselor at the Center  
14 for Reproductive Rights, a legal advocacy  
15 organization that uses the power of law to advance  
16 reproductive rights as fundamental human rights  
17 around the world.

18           As part of our mission, we aim to ensure  
19 that all people have meaningful access to fertility  
20 care, regardless of sexual orientation, relationship  
21 status, or income. New York is, in many ways, a model  
22 for fertility care legislation, and it can continue  
23 to be a leader by making critical improvements to the  
24 current insurance law to ensure inclusive, non-  
25 discriminatory, and equitable access to fertility

2 care. As you heard of it today, one significant  
3 barrier under the current law is the requirement that  
4 enrollees meet a definition of infertility that makes  
5 access to care more difficult or impossible for  
6 individuals unable to become pregnant because they,  
7 either by themselves or with their partners, do not  
8 have the necessary gametes. This is one of the  
9 reasons the Center strongly supports Resolution  
10 Number 165, as the Equity in Fertility Treatment Act  
11 would amend the definition of infertility to be  
12 inclusive of single individuals and same-sex couples  
13 and make it clear under the law preventing any kind  
14 of confusion or discrepancies in providing access  
15 that we are seeing in practice today.

16           Additionally, the Center also strongly  
17 supports the introduced Bill 718 because New York  
18 City employees should be able to access fertility  
19 care regardless of sexual orientation or relationship  
20 status. This is extremely important, and it's why we  
21 support Bill 718. Also, under the broad range of  
22 assisted reproduction services that are included  
23 under the definition of assisted reproduction in this  
24 bill, the bill would also ensure intended parents  
25 have access to legal services related to establishing

2 parentage, which is extremely important for  
3 protecting families formed via assisted reproduction,  
4 particularly LGBTQ families. Laws and policies that  
5 promote access to fertility care, like Resolution 165  
6 and Bill 718, promote people's reproductive rights,  
7 address inequalities and inequities in access to  
8 care, and help to ensure equitable access to  
9 fertility care for all New Yorkers. By passing  
10 Resolution 165 and Bill 718, New York would be able  
11 to expand coverage for fertility care, taking  
12 extremely important steps to ensuring everyone has  
13 access to the services they need to build their  
14 families. Thank you for the opportunity to speak  
15 today.

16 CHAIRPERSON SCHULMAN: Thank you very  
17 much. And now we have Steven Spandorfer from the  
18 Society of Assisted Reproductive Technology.

19 STEVEN SPANDORFER: Thank you very much  
20 for allowing me the opportunity to speak. We were  
21 just in Washington, D.C. with the Democratic bill,  
22 and this is a very important endeavor. I'm actually  
23 the President of the Society of Assisted Reproductive  
24 Technology, which is our IVF national society. I'm a  
25 physician in New York at Cornell. I've been



2 practicing IVF here for about almost 30 years, and  
3 also I'm a board member of the American Society of  
4 Reproductive Medicine. I think the important parts of  
5 like a lot of what has been stated, I think need to  
6 be restated, is that infertility itself needs to be  
7 looked at as it's not something that somebody did to  
8 themselves specifically. It is actually a disease and  
9 should be treated as such. It's very common, almost  
10 15 percent of all couples, and I think some of the  
11 important parts is to recognize that, as been  
12 referenced, the American Society of Reproductive  
13 Medicine, we did actually change the definition of  
14 infertility a couple of years back of anybody needing  
15 reproductive services, and there are definitely, I've  
16 seen through the years, many patients sort of having  
17 to undergo multiple, for example, inseminations  
18 before they're actually classified as infertile.  
19 Obviously, for gay male couples, that never can  
20 happen, and they've run into some very significant  
21 logistic roadblocks, particularly to the financing of  
22 all this, giving the need for gestational carriers  
23 and all of that. I think the most important part is  
24 to recognize that infertility is something that  
25 happens to somebody and that we as a society should

2 recognize that it is a fundamental right and, when we  
3 look at what's happened in Washington, first, the  
4 Republicans had their bill, which tied it into  
5 Medicaid and got shot down and the Democrats had  
6 their bill, and it just goes to show that all this  
7 has become this sort of bipartisan back and forth,  
8 which is unfortunate when it comes to healthcare and  
9 really taking care of people, doing something that's  
10 very important of trying to build families so I think  
11 I applaud you for the bills, and I really can't  
12 stress enough that even when he was giving out the  
13 numbers and 10 percent of the budget of the City is  
14 spent on healthcare, if you look at what was spent on  
15 fertility services, it's a drop in the bucket, and I  
16 think basically one shouldn't shy away from these  
17 important endeavors just based on that. That's really  
18 what I wanted to say, as a practicing physician  
19 treating many, many patients through many years and  
20 currently serving with the ASRM board as well as the  
21 SART society. Thank you very much for the time.

22 CHAIRPERSON SCHULMAN: Thank you very  
23 much.

24 Now we're going to go to Jason Cianciotto  
25 from Gay Men's Health Crisis.

2 SERGEANT-AT-ARMS: You may begin.

3 JASON CIANCIOOTTO: Sorry, my camera's off.

4 Let's see if I can get it on. Hello, Chair Schulman,  
5 Health Committee Members, and other esteemed Council  
6 members. Thanks for the opportunity to testify. I'm  
7 Jason Cianciotto, the Vice President of Public Policy  
8 and External Affairs at GMHC. We were founded in 1982  
9 as Gay Men's Health Crisis, the world's first HIV and  
10 AIDS services organization, and our mission is to end  
11 the AIDS epidemic and uplift the lives of all  
12 affected. We serve 5,500 New Yorkers throughout the  
13 year in all five boroughs with programs that address  
14 the structural drivers of the epidemic. Notably, we  
15 serve New Yorkers who are disproportionately affected  
16 by many issues, including HIV.

17 I want to talk about these structural  
18 drivers relative to the three City bills that we're  
19 discussing today. The first you may see is more  
20 directly linked to GMHC's mission, Intro. 718, which  
21 really addresses the need for accessible medical  
22 care, in this case, rapid testing for HIV and other  
23 STIs. As has been shared in earlier testimony,  
24 according to DOHMH, we saw significant increases in  
25 syphilis and chlamydia among New Yorkers from 2021 to

2022. I won't take the time to repeat that data, and we also saw essentially a flat change in new HIV infections from 2021 to 2022. Now, there is some open question as to how much lack of access to STI testing services during the COVID-19 pandemic affected that but, again, I think we could all agree that now is the time to preserve and expand services rather than leave barriers to testing unaddressed, and these barriers include the fact that only two boroughs, Manhattan and Brooklyn, have year-round rapid testing services, which is why we join Intro. 718 sponsor Council Member Sanchez and other Members of the Council in calling for the expansion of rapid testing to clinics in Queens, the Bronx, and Staten Island. I also want to quickly note that GMHC has submitted an FY25 New York City Capital Grant that would enable us to own and operate two mobile STI testing vans, which could help provide these critical services in those boroughs.

Stigma and discrimination are also pervasive structural drivers of the HIV epidemic, particularly stigma and discrimination based on sexual orientation and gender identity. Lack of equal access to family formation and planning services

2 communicates to members of LGBTQI communities that  
3 they are somehow less than and are unworthy relative  
4 to their heterosexual peers. This was the case prior  
5 to the advent of same-sex marriage nationwide, and it  
6 is the case in New York City regarding access to  
7 assisted reproduction and adoption for City  
8 employees. As has been testified, the current  
9 definition of infertility precludes access by gay  
10 male couples who need to procure donor services from  
11 non-insured third parties and, combined with the fact  
12 that the City lacks any adoption benefit services,  
13 continuing..

14 SERGEANT-AT-ARMS: Your time is expired.

15 CHAIRPERSON SCHULMAN: You can continue  
16 and finish.

17 JASON CIANCOTTO: Sure, I'm almost done.

18 Thank you. The City precludes LGBTQI couples from  
19 building their families, and the argument that by the  
20 Administration, that the Taylor Law and the need to  
21 expand these services via collective bargaining  
22 process, I'll leave that up to folks who are  
23 attorneys, but what I do know is that we join Council  
24 Member Schulman sponsoring Intro. 435 and Resolution  
25 165 sponsor Narcisse and other Council Members in

2 supporting statutory definitions of infertility and  
3 adoption benefits so that all may benefit, and so  
4 this stigma and discrimination may end. Thank you  
5 very much.

6 CHAIRPERSON SCHULMAN: Thank you very much  
7 for your testimony.

8 I'm going to make a last call. If there's  
9 anybody online that would like to testify, please use  
10 the raise hand function.

11 Seeing no hands, I'm going to close out  
12 the testimony and end today's hearing. I just want to  
13 say thank you again to Chris, and we really  
14 appreciate you being here, and this, I mean, Corey,  
15 I'm sorry. I'm like, you're Chris. It's been a day  
16 today for all of us. Corey, sorry, and so we heard a  
17 lot of interesting testimony today. We're going to  
18 circle back with the Administration on the  
19 information that they said that they would provide to  
20 us subsequently, and we look forward to pursuing this  
21 and making sure that the practice of infertility is  
22 available to all employees. As I said earlier, we  
23 provide healthcare in this City for folks regardless  
24 of their immigration status, regardless of their  
25 ability to pay, and should be done regardless of

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2 their who they love so, on that note, I end today's  
3 hearing. Thank you. [GAVEL]

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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 July 16, 2024