

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

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January 27, 2026
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HELD AT: 250 Broadway-8th fl. Hearing Rm. 3

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

COUNCIL MEMBERS:

Joann Ariola
Selvena Brooks-Powers
Harvey D. Epstein
Simcha Felder
James F. Gennaro
Mercedes Narcisse

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

Corrine Schiff
Deputy Commissioner for Environmental Health at
the New York City Health Department

Daniel Pollak
First Deputy Commissioner for the Office of Labor
Relations

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2 SERGEANT AT ARMS: Good afternoon and
3 welcome to today's New York City Council hearing on
4 Health. At this time, we'd like to remind everyone
5 to silence all electronic devices. Also, at this
6 point, going forward, no one is to approach the dais.
7 Chair Schulman, we're ready to begin.

8 CHAIRPERSON SCHULMAN: Good afternoon. I
9 am Council Member Lynn Schulman, Chair of the New
10 York City Council's Committee on Health. I want to
11 thank everyone for joining us for today's first
12 Health Committee hearing of the new session. Today,
13 we are hearing two pre-considered introductions. The
14 first bill, sponsored by Council Member Morano, would
15 require New York City to provide its employees with
16 five business days of paid leave when they donate
17 bone marrow and 20 business days of paid leave when
18 they serve as a living organ donor. The second bill,
19 sponsored by myself, would require that where the
20 Health Code requires licenses, approvals or permits
21 for multiple agencies, the Board of Health must
22 coordinate with the relevant agencies to determine
23 which approvals are needed and the order in which
24 they must be obtained. My legislation is rooted in
25 real world implementation challenges, particularly

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2 for childcare facilities. We heard this bill last
3 session in relation to the childcare background check
4 backlog. The inspection and licensing process for
5 childcare facilities often involves multiple agencies
6 including DOHMH, the Department of Buildings, and the
7 Fire Department. When responsibilities are not
8 clearly delineated, providers can find themselves
9 caught in the red tape with agencies pointing to one
10 another for interpretation or enforcement. We have
11 seen firsthand how a lack of clarity can delay
12 openings and strain already limited childcare
13 capacity. This is not a sustainable system,
14 particularly for small providers or community-based
15 operators without the resources or connections to
16 navigate these hurdles. This bill does not alter or
17 transfer any agency's existing authority to issues
18 licenses, approvals, or permits. Instead, it focuses
19 on coordination and transparency, ensuring that
20 providers clearly understand the requirements. At
21 its core, this bill is about good governance and
22 practical problem solving. Clear accessible
23 requirements benefit agencies, providers, and
24 families alike, and help ensure that essential
25 services like childcare can come online efficiently

1 while maintaining all appropriate health and safety
2 standards. We look forward to hearing from the
3 administration and other stakeholders today about the
4 proposed legislation. I would like to thank the
5 Committee staff, Chris Pepe [sp?], Josh Newman [sp?],
6 and Elizabeth Artz [sp?] for their hard work in
7 preparing for this hearing, as well as my team,
8 Jonathan Boucher, Kevin McAleer [sp?], and Samie New
9 [sp?]. I will now turn it over-- before I do that, I
10 want to acknowledge we've been joined by Council
11 Members Morano, Epstein, and Ariola on Zoom. I will
12 now turn it over to Council Member Morano for his
13 opening statement on his bill.

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15 COUNCIL MEMBER MORANO: Thank you, Chair
16 Schulman, and thank you to the Committee for holding
17 this hearing. This bill is simple and its purpose--
18 it's simple in its purpose. It's to remove barriers
19 for people who voluntarily choose to save another
20 person's life and to recognize them for doing so.
21 For years, when I was on the radio and now as a City
22 Council Member, I've heard from New Yorkers waiting
23 for a number of organ transplants, but specifically
24 for kidney transplants, people tethered to dialysis
25 machines sometimes for years, families hoping for a

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2 call that could change everything, and I've also met
3 several living donors who stepped up and gave someone
4 a second chance at life, and it's been a very
5 rewarding proposition not only for the recipient, but
6 for the donor as well. Living organ donation saves
7 lives, but it's not easy. It involves surgery. It
8 involves recovery time and very real financial and
9 professional pressures. No one, in my view, who
10 chooses to go through that process to help another
11 person should have to worry about losing pay or
12 jeopardizing their job. That is what this
13 legislation is designed to address. The bill would
14 provide city employees with paid leave for bone
15 marrow and living organ donation, and it would
16 establish a voluntary honor roll to publicly
17 recognize those extraordinary acts of generosity.
18 It's narrowly tailored, respectful of collective
19 bargaining frameworks, and focused squarely on public
20 health and human dignity. It's a totally nonpartisan
21 issue. Supporting people who save lives shouldn't
22 depend on ideology or party. It's about compassion,
23 common sense, and leading by example. I look forward
24 to the testimony today, especially from experts
25 and/or folks that have been affected by this. and I

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2 think the voices that you're about to hear today are
3 the reason this bill exists and should guide how we
4 move forward. So, thank you, Madam Chair.

5 CHAIRPERSON SCHULMAN: Thank you. I want
6 to acknowledge we've been joined by Council Member
7 Brooks-Powers via Zoom. We will be hearing testimony
8 from representatives from the administration. I now
9 turn to Committee Counsel to administer the oath for
10 this panel of administration officials.

11 COMMITTEE COUNSEL: Thank you, Chair.
12 Good afternoon. If you could both please raise your
13 right hands? Do you swear to tell the truth and the
14 whole truth and to respond honestly to Council Member
15 questions before this committee? You may proceed.

16 DEPUTY COMMISSIONER SCHIFF: Good
17 afternoon, Chair Schulman and members of the Health
18 Committee. I'm Corrine Schiff, Deputy Commissioner
19 for Environmental Health at the New York City Health
20 Department. On behalf of Acting Commissioner Dr.
21 Michelle Morse, thank you for the opportunity to
22 testify today. I'm joined by Daniel Pollak, First
23 Deputy Commissioner for the Office of Labor Relations
24 who can answer questions on Pre-considered
25 Introduction 161. The New York City Health

1 Department is charged with protecting and promoting
2 the health of all New Yorkers. One of our
3 responsibilities is oversight of childcare programs.
4 The Department regulates childcare centers, programs
5 that serve children under age six in standalone
6 commercial locations, and school-based childcare
7 programs which serve children age three to five as
8 part of an ongoing school. New York State regulates
9 home-based childcare which serves children six weeks
10 to 12 years old in a residential setting, and school-
11 aged childcare which operates in non-residential
12 settings to care for children in school ages five to
13 13, after school, and during school breaks. The New
14 York City Health Department holds a contract with New
15 York State to issue licenses to state-regulated
16 programs, process background clearances and conduct
17 inspections and report findings to the New York State
18 Office of Children and Family Services, the state
19 agency that makes enforcement and other regulatory
20 decisions. Turning to the legislation under
21 consideration today. Pre-considered Introduction 162
22 says that where the Health Code requires licenses,
23 approvals or permits from other agencies, that the
24 Health Code specify what is needed. Among many types
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1 of licenses and permits, the New York City Health
2 Department issues permits to operate a childcare
3 center, and based on conversations with Council and
4 the previous hearing, our understanding is that the
5 bill is meant to address childcare permits. The
6 Health Code already sets out requirements to obtain a
7 childcare permit, including the requirement for other
8 agency approvals. The New York City Health
9 Department provides information, including guidance
10 documents such as a step-by-step guide to apply to
11 locate on another floor, required orientation
12 sessions, and ongoing technical assistance to help
13 those in the permitting process meet those
14 requirements. We appreciate what we believe is the
15 intent of the bill which is to ensure that applicants
16 for a childcare center permit know exactly what is
17 required, including the order in which materials need
18 to be submitted and when other city or state agency
19 permits or approvals are required. We aim to make
20 the permitting process clear and straightforward, but
21 can always improve. The Department believes that the
22 bill as written does not directly address this
23 concern and is overly broad. We look forward to
24 discussing the bill language with Council to ensure
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2 that it addresses the intent and desired scope in
3 order to assist childcare providers. Thank you for
4 the opportunity to testify. My colleague and I are
5 happy to take questions.

6 CHAIRPERSON SCHULMAN: Okay, thank you.
7 So, my first question that I want to ask you I show
8 many members are there on the Board of Health?

9 DEPUTY COMMISSIONER SCHIFF: Right out of
10 the box there, you got me. I think it's 13, but let
11 me make-- let me get my colleagues to make sure that
12 I-

13 CHAIRPERSON SCHULMAN: [interposing] Okay,
14 so there's a second question to that which is how
15 many-- how many openings are there on the Department?

16 DEPUTY COMMISSIONER SCHIFF: Yeah, we
17 will get back to you about that.

18 CHAIRPERSON SCHULMAN: Okay. So, I want
19 the answer to those two questions.

20 DEPUTY COMMISSIONER SCHIFF: Yes.

21 CHAIRPERSON SCHULMAN: Okay. How does
22 DOHMH currently identify and communicate when a
23 Health Code provision requires approvals or permits
24 from multiple agents?
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2 DEPUTY COMMISSIONER SCHIFF: So, a lot of
3 our work is communicating to our regulated entities
4 about what is required under the Health Code. To
5 take childcare programs, for example, we do a huge
6 amount of outreach, education and training. So, when
7 a new provider is applying for a permit-- for
8 example, we have a mandatory permit orientation
9 process, and that is an opportunity for us to walk
10 through all of the steps required to get a permit,
11 including the sequencing of those steps and to offer
12 recommendations for strategies to make the process go
13 more smoothly. For example, when providers are
14 searching for a space, prospective providers
15 searching for a space, one of the things they might
16 want to consider when looking at that space is
17 whether there is lead-based paint on the walls,
18 because that's something that will need to be abated.
19 So we describe those things so that as providers are
20 preparing to submit their permit, they can have all
21 of these things in mind. We have guidance materials
22 on our website. We have in-person-- people can come
23 to our office for in-person consultations. We have
24 people who can assist with-- provide technical
25 assistance on the phone.

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2 CHAIRPERSON SCHULMAN: How often do
3 permits or approvals required by the Health Code for
4 childcare facilities require involvement from an
5 agency other than DOHMH?

6 DEPUTY COMMISSIONER SCHIFF: So, in order
7 to get a childcare permit, you need to show that the
8 location has a certificate of occupancy from DOB, and
9 you need to show approval by FDNY. You will not be
10 surprised that one of our-- one of the major health
11 and safety concerns is to make sure that all the fire
12 prevention requirements are in order.

13 CHAIRPERSON SCHULMAN: Which other
14 agencies most often approve licenses, approvals
15 and/or permits required by the Health Code?

16 DEPUTY COMMISSIONER SCHIFF: For
17 childcare programs, the other major agencies are DOB
18 and FDNY. The background clearance process that we
19 handle at the Health Department does go through other
20 agencies, but we handle those. The provider doesn't
21 need to go directly to those agencies.

22 CHAIRPERSON SCHULMAN: In 2023, the
23 Committee received testimony on the proposed
24 legislation stating that DOHMH is already in
25 compliance with the requirements of this legislation.

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2 Would this bill require new formal coordination
3 processes or could it largely be implemented through
4 existing interagency structures?

5 DEPUTY COMMISSIONER SCHIFF: So, we do
6 think that we are in compliance. Our-- as we've read
7 the bill, what we suggest, as I testified, is that we
8 sharpen some of the language to make sure that it's
9 targeted to the thing we believe that is the intent
10 of the bill to address childcare programs, and for
11 you to require us, as I testified, to make sure that
12 our guidance materials are really helpful to
13 childcare providers and make very clear what is
14 required under the Health Code to get a permit,
15 including the sequencing, which I know sometimes
16 providers say that they're confused about that, even
17 though we do have all of these materials and so we
18 are happy to continue to improve our guidance
19 materials so that providers know exactly what is
20 required.

21 CHAIRPERSON SCHULMAN: Does the Board of
22 Health foresee any issues in coordinating with other
23 agencies to ensure compliance?

24 DEPUTY COMMISSIONER SCHIFF: So, the
25 Board wouldn't typically coordinate with other

1 agencies. The Board of Health directs the Health
2 Department.
3

4 CHAIRPERSON SCHULMAN: Okay.

5 DEPUTY COMMISSIONER SCHIFF: And so the
6 Health Department would coordinate with other
7 agencies and we do coordinate with other agencies.
8 We're in regular communication with DOB and FDNY as
9 those permit applications come through and they move
10 along the process to the next step.

11 CHAIRPERSON SCHULMAN: In relation to
12 childcare facilities specifically, how does DOHMH
13 determine whether an exemption under health section
14 47.41B and C would be allowed?

15 DEPUTY COMMISSIONER SCHIFF: So, the
16 Health Code provisions that you're referencing are
17 those that address the floor, the level of a facility
18 where the childcare program can be located, and those
19 requirements set out by the Board are really about
20 emergencies. So, we can all imagine-- turning again
21 to fire prevention, should there be-- horrible to
22 think about-- but a fire in a childcare facility or
23 even the building. What you want is for children to
24 be able to be evacuated as quickly as possible, and
25 obviously we're talking about sometimes babies,

1 children who are not yet walking, or you know,
2 toddlers who are not great walkers, little kids, not
3 great at the stairs. So, the default rule in the
4 Health Code sets the floor for infant/toddler
5 programs as the first floor, and it can go a little
6 bit higher for preschool programs, but we do have a
7 way for providers, prospective providers or currently
8 permanent providers who want to expand to other
9 floors to submit documentation to us. I've brought
10 the guide here, and it's really a step-by-step--
11 literally, step one, it says, step two. For showing
12 us that you have enhanced safety protocols to be able
13 to handle an emergency, evacuation. If you are
14 taking that risk to locate on a different floor, what
15 have you done to make sure that you're addressing
16 that risk? So, you show us an enhanced safety plan
17 and you do need to go to-- to get a certificate of
18 occupancy or one of the other DOB approvals, and also
19 FDNY approval for that.

21 CHAIRPERSON SCHULMAN: How does DOHMH
22 communicate with FDNY and DOB? Do childcare
23 facilities reach out to FDNY and DOB themselves? Do
24 you help them in the application process? Are there
25 Dedicated DOHMH staff on this particular issue?

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2 DEPUTY COMMISSIONER SCHIFF: So, we do a
3 lot of that communication for them. There are live
4 people who are there to work with childcare providers
5 to offer that technical assistance and to move that
6 application along. So, it could be-- it's primarily
7 by email that we will send the information along to
8 our contacts at DOB and FDNY, and we can get on the
9 phone if something seems to be stuck or if there are
10 questions, and we do encourage providers to stay in
11 close touch with us if they have questions about
12 where their application is.

13 CHAIRPERSON SCHULMAN: Okay. From
14 DOHMH's perspective, how have licensing delays tied
15 to multi-agency approvals affected the ability of
16 childcare providers to open or expand, particularly
17 in high-need neighborhoods?

18 DEPUTY COMMISSIONER SCHIFF: So, I'm not--
19 - I am not aware of delays, generally. If there are
20 providers who you have heard from who feel that there
21 is a delay, you should certainly let us know, and we
22 do hear from providers when they have questions about
23 where their application is, and we do our best to,
24 you know, troubleshoot and move that along. You
25 know, a lot of the-- so much of being ready to get a

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2 permit for your program is in the hands of the
3 provider, and it really depends on their starting
4 point. Have they-- for example, as I mentioned at
5 the outset. Have they secured a space that has lead-
6 based paint on the walls? If they do, that is going
7 to take them longer, because we require abatement of
8 that lead paint, as we would all I'm sure agree is
9 critically important for child safety. So, all of
10 these steps are-- it really is very fact-dependent on
11 that particular provider. There are times when
12 things get stuck, and maybe someone hasn't seen an
13 email, and we will try to work with the provider.
14 You know, we want the providers to reach out to us,
15 and we troubleshoot that by phone or by email to move
16 that along.

17 CHAIRPERSON SCHULMAN: From DOHMH's
18 perspective, how have licensing delays tied to
19 multiagency approvals affected the ability of
20 childcare providers to open or expand particularly in
21 high-need neighborhoods? Oh, I just did-- what is--
22 oh, I'm sorry. What is the average timeframe
23 citywide for a childcare facility to receive all
24 necessary city-mandated approvals to operate as a
25 childcare facility?

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2 DEPUTY COMMISSIONER SCHIFF: So, the
3 range of time that it takes to secure a permit for a
4 childcare center really varies for the reasons I've
5 said. We-- our data show the time from submitting
6 the application until we issue that permit. Some
7 providers will submit the application to us before
8 they have even found a space for their program. Other
9 providers submit that application to us when they've
10 got their space, they've done their renovation.
11 They've found their staff. They've pretty much
12 filled out all the documents. So, it's a very big
13 range. I can tell you that the median time is a
14 little under 80 days.

15 CHAIRPERSON SCHULMAN: Is what?

16 DEPUTY COMMISSIONER SCHIFF: A little
17 under 80 days, but it does vary for these very, you
18 know, fact specific [sic].

19 CHAIRPERSON SCHULMAN: What is the
20 shortest and what is the longest time range?

21 DEPUTY COMMISSIONER SCHIFF: I don't have
22 the full range. So, 80 days is the median. The
23 average is a little under 150 days. But if you come
24 to us, if you submit your permit application, but you
25 haven't yet found a space for your program, it's

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2 going to take you longer than if you submit the
3 application to us when everything is ready for our
4 approval.

5 CHAIRPERSON SCHULMAN: If you could send
6 us what the shortest timeframe was and what the
7 longest is, that would be helpful.

8 DEPUTY COMMISSIONER SCHIFF: Sure. We
9 can get that-- we can get that to you. What we
10 don't-- what our data systems can't do is show you
11 just the part when everything is fully submitted to
12 the Health Department. But we will get you what we
13 have.

14 CHAIRPERSON SCHULMAN: Understood. But
15 just the range of the highest and the lowest, because
16 we--

17 DEPUTY COMMISSIONER SCHIFF: [interposing]
18 Yeah.

19 CHAIRPERSON SCHULMAN: You know, this has
20 been perineal issue, so--

21 DEPUTY COMMISSIONER SCHIFF: [interposing]
22 We will get that to you.

23 CHAIRPERSON SCHULMAN: what is the
24 average timeframe citywide for a childcare facility
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2 to receive all necessary city-mandated approvals to
3 operate as a childcare facility?

4 DEPUTY COMMISSIONER SCHIFF: So, that
5 would be really the same, the same issue, the permit,
6 how long it takes to issue the permit. And again, it
7 really ranges depending on how far along.

8 CHAIRPERSON SCHULMAN: How does DOHMH and
9 the city address the bottlenecks in the process?

10 DEPUTY COMMISSIONER SCHIFF: So, I
11 wouldn't say that there are generally bottlenecks.
12 I'm sure that there are providers who express to you
13 and they sometimes come to us to say, you know, I
14 feel like I've got a bottleneck. I'm stuck here.
15 But I don't-- I'm not aware that that is a general
16 problem. So, I wouldn't say that there are general
17 bottlenecks.

18 CHAIRPERSON SCHULMAN: Okay. I'm going
19 to ask-- I'm going to go on to something else. Do
20 you want to-- do you have a question, any questions
21 for this? I'm going onto yours next. Alright.
22 Sorry, Council Member Epstein.

23 COUNCIL MEMBER EPSTEIN: Yeah, thank you.
24 Thank you for being here. I'm wondering have you--
25 what have you heard from childcare providers about

1
2 where they see the largest barriers to opening up and
3 staying open?

4 DEPUTY COMMISSIONER SCHIFF: This is a
5 very big question. Probably not really-- only for
6 the Health Department. You know, I think we've all
7 read in the newspaper things that childcare provides
8 talk about, you know--

9 COUNCIL MEMBER EPSTEIN: [interposing]
10 What about enrollment, about government related
11 issues?

12 DEPUTY COMMISSIONER SCHIFF: Government-
13 related issues.

14 COUNCIL MEMBER EPSTEIN: Yeah.

15 DEPUTY COMMISSIONER SCHIFF: So, for the
16 Health Department, I think we have done a huge amount
17 of work in the last few years to improve our
18 background clearance turnaround time. A couple of
19 years ago we had many, many-- a lot concerns from
20 providers, and we were concerned too in 2023, I think
21 it was. We launched an online system for managing
22 those background clearances, and since then our
23 turnaround times have vastly improved. We're
24 continuing to improve those, but I think we've gotten
25 a lot better.

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2 COUNCIL MEMBER EPSTEIN: When you say
3 that, what's the turnaround, the average turnaround
4 time for background clearances now?

5 DEPUTY COMMISSIONER SCHIFF: So, I don't
6 know-- I don't have the up-to-the-minute data, but in
7 the last-- last time I checked it was around 20 days.
8 The federal mandate is 45 days. There are outliers
9 in the same way that there are specific
10 circumstances--

11 COUNCIL MEMBER EPSTEIN: [interposing]
12 Sue.

13 DEPUTY COMMISSIONER SCHIFF: for opening
14 up a program. Some individuals who-- for whom we are
15 doing a background check, have been in other states,
16 and we are waiting for information from those other
17 states to report to us. So, there are cases that
18 take longer, but we're pretty pleased with our
19 turnaround time. Still working to get faster than
20 that, but we are now under the federal mandate.

21 COUNCIL MEMBER EPSTEIN: Heard this issue
22 when-- especially when providers have multiple
23 programs, like they have under two, two, three and
24 maybe four-year-olds and they're let's say one of the
25 teachers is absent from the below two, and then they-

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2 - you know, they have someone who's available, but
3 because the accreditation is for that person might be
4 for three and four-year-olds, they have staffing
5 issues relationship to making sure that they have
6 enough staff in all spaces.

7 DEPUTY COMMISSIONER SCHIFF: So, if
8 you're talking about qualifications for teachers--

9 COUNCIL MEMBER EPSTEIN: [interposing] Or
10 multiple qualifications for multi-ages.

11 DEPUTY COMMISSIONER SCHIFF: The age.

12 COUNCIL MEMBER EPSTEIN: Right.

13 DEPUTY COMMISSIONER SCHIFF: So, we did
14 just in August, I think it was, the Board of Health
15 did just adopt some new regulations to provide some
16 additional flexibility aimed at just those kinds of
17 issues so that we-- the Board made a change so that
18 the education director didn't need to be on-site for
19 more than a standard eight-hour work day. We
20 expanded who could cover for that education director.
21 We created a new title, Education Director Designee,
22 and we expanded the qualifications for the person who
23 could serve in that role? We expanded qualifications
24 for teachers teaching two-year-olds in a preschool
25 program which may get at some of the questions you're

1 asking. So, I think just in the last few months
2 we've expanded some of those flexibilities. The
3 feedback from the provider community has been really
4 great. So, we continue to implement that and provide
5 information to programs about these new opportunities
6 they have.

8 CHAIRPERSON SCHULMAN: I'm actually--
9 what I'm going to do is I'm going to turn over to
10 Council Member Morano to ask questions about his bone
11 marrow legislation.

12 COUNCIL MEMBER MORANO: Thank you very
13 much. I'm wondering if you could tell us what the
14 current status of bone marrow donations and living
15 organ donors in New York City is? To the best of
16 your knowledge, is there a shortage of bone marrow or
17 living organs that can be donated?

18 FIRST DEPUTY COMMISSIONER POLLAK: Thank
19 you for the question, Council Member Morano. I
20 represent the Office of Labor Relations. I'm
21 certainly not aware of that information. I can speak
22 to the city employee aspects, certainly, any
23 questions you have about that, but not that question.

24 COUNCIL MEMBER MORANO: Fair enough. In
25 terms of the-- so, the administration's position has

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2 to do with-- are you not supportive of the
3 legislation as its currently constituted?

4 FIRST DEPUTY COMMISSIONER POLLAK:

5 Council Member, I think what I'd say is that we
6 appreciate the intent of the legislation that you
7 laid out very clearly in your remarks, but we have
8 legal and policy concerns about legislating an issue
9 that is a subject of collective bargaining. We
10 believe that those issues of employee benefits should
11 be worked out on the bargaining table between the
12 city and its unions.

13 COUNCIL MEMBER MORANO: Now, can you
14 point to a specific provision of the Taylor Law that
15 prohibits the Council from establishing a baseline
16 paid leave standard by Local Law as opposed to
17 requiring the administration to bargain over
18 implementation?

19 FIRST DEPUTY COMMISSIONER POLLAK: I
20 think on that question, Council Member, I'd have to
21 consult with the Law Department before giving kind of
22 any answer. They would have to give the official
23 answer on that.

24 COUNCIL MEMBER MORANO: The city already
25 has legislatively mandated employment standards in

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2 areas of like safety rules, jury duty, health
3 protections. How is this material different--
4 materially different from those examples?

5 FIRST DEPUTY COMMISSIONER POLLAK: Thank
6 you for the question. I am not sure of those
7 specific examples. I know jury duty has been a
8 longstanding leave benefit available to city
9 employees that it actually predates collective
10 bargaining even in the city, and it has been and its
11 embodied in our collective bargaining agreements.
12 The other benefits, I'm not aware of anything,
13 particular the city employees for those benefits.

14 COUNCIL MEMBER MORANO: Last question, if
15 I may, Madam Chair? This bill explicitly states that
16 it doesn't affect the Mayor's authority to bargain
17 with certified employee organizations. How does that
18 language fail to address your concerns?

19 FIRST DEPUTY COMMISSIONER: So, I think,
20 Council Member, it would be-- you know, it may say
21 that it doesn't affect it, but in essence it is, as
22 you've said, setting a minimum standard for leave
23 benefits. So, it is setting a standard, a new leave
24 benefit. It's establishing a new leave benefit,
25 something that would certainly be a mandatory subject

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2 of collective bargaining. I think, you know, just to
3 take a hypothetical, if on the contrary there's
4 legislation that sought to like reduce employee
5 benefits in some way, and say it doesn't affect the
6 union's authority to collective bargain, I don't
7 think any of us would really seriously consider that.
8 So, I think, you know, despite that passage, there's
9 still the same concerns I mentioned.

10 COUNCIL MEMBER MORANO: If you believe
11 collective bargaining is required to implement this
12 law, would the administration commit today to
13 entering into those negotiations promptly so that
14 living donors are not left without protection?

15 FIRST DEPUTY COMMISSIONER POLLAK: It's
16 not something I can commit to today, Council Member.

17 COUNCIL MEMBER MORANO: Thank you.

18 CHAIRPERSON SCHULMAN: Alright. What
19 information does DOHMH and the city provide to people
20 interested in becoming bone marrow or living organ
21 donors?

22 FIRST DEPUTY COMMISSIONER POLLAK: Chair
23 Schulman, I'm not aware of any of that-- the answer
24 to that question. It's not something certainly that
25 OLR is involved in, and I'm not aware of any

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2 information to the city employees specifically about
3 that.

4 CHAIRPERSON SCHULMAN: Okay. Have you
5 gotten any inquiries from city employees about that,
6 or not to your knowledge?

7 FIRST DEPUTY COMMISSIONER POLLAK: My
8 office has not, no.

9 CHAIRPERSON SCHULMAN: What barriers
10 exist for people seeking time off to donate bone
11 marrow to be an organ donor? Do city employees face
12 particular challenges in being a donor?

13 FIRST DEPUTY COMMISSIONER POLLAK: So, I
14 would say that the-- there's no particular challenge
15 as compared to any other form of sick leave. I can
16 lay out some of the city benefits available to
17 employees that would allow them to take time off for
18 this purpose. You know, first of all, you know, your
19 sick leave benefit. City employees, most civilian
20 employees accrue 12 sick leave days per year. That
21 can roll over. The accruals are unlimited. So, city
22 employees who have worked for the city a while often
23 have a large sick leave balance. There are also
24 provisions to allow for advancement of sick leave.
25 Employees run out of sick leave and need to use-- is

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2 ill or would want to become an organ donor, they can
3 be advanced sick leave by their agency. In addition,
4 there's-- permanent [sic] employees with 10 years of
5 service can be granted up to three months of
6 additional sick leave by their agency at the agency's
7 discretion. So that would also be an option for
8 those employees. Finally, there are a few specific
9 DCAS programs where employees can donate leave to
10 another employee. So, that arises all the time when
11 employee has kind of a catastrophic illness, uses all
12 their leave. There's the ability of their colleagues
13 to donate leave to them for their use. I think
14 something like that also could be available for this
15 circumstance.

16 CHAIRPERSON SCHULMAN: So, doesn't the
17 city give paid leave for screenings like for breast
18 cancer and things like that?

19 FIRST DEPUTY COMMISSIONER POLLAK: Yes.
20 That's pursuant to state law, I believe.

21 CHAIRPERSON SCHULMAN: So, is there any
22 reason that you wouldn't give leave for this?
23 That's what I'm trying to-- without using sick leave
24 which is not what screenings are?
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2 FIRST DEPUTY COMMISSIONER POLLAK: I
3 certainly understand the desire, Council Member. I
4 think, you know, this-- cancer screen was a state
5 law. So, you know, certainly we're mandated to
6 comply with that. you know, generally speaking,
7 unless something has been, you know, mandated by
8 state law or federal law or has been specifically
9 negotiated in a collective bargaining agreement, we
10 would not provide that leave. Certainly something
11 we'd be willing to discuss. You know, it's not
12 something that I believe the unions have raised,
13 really, but it's certainly something we'd be more
14 than willing to discuss in bargaining negotiations.

15 CHAIRPERSON SCHULMAN: Well, union
16 contracts are coming up. So, there's an opportunity
17 for that.

18 FIRST DEPUTY COMMISSIONER POLLAK: That
19 is true.

20 CHAIRPERSON SCHULMAN: So, I'm guessing--
21 - does the administration support this legislation?
22 I just want to ask for the record. And why or why
23 not?

24 FIRST DEPUTY COMMISSIONER POLLAK: At
25 this time, no, we do not. I think, as I mentioned,

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2 we have those concerns about legislating issues of
3 collective bargaining.

4 CHAIRPERSON SCHULMAN: Okay. I have some
5 questions. First, we've been joined by Council
6 Member Mercedes Narcisse. She joined us a while ago,
7 so my error in not acknowledging here sooner. But I
8 also have some questions that Council Member Brooks-
9 Powers asked me ask on her behalf. So, this is
10 regarding the childcare issues. So, in
11 geographically isolated communities like the
12 Rockaways, where residents often face-- sorry-- long
13 travel times to reach hospitals and specialty care,
14 how does DOHMH factor geographic equity into health
15 code implementation and permitting decisions,
16 particularly for community-based health and childcare
17 facilities?

18 DEPUTY COMMISSIONER SCHIFF: So, first,
19 let me respond to the Board of Health question which
20 I got the answer to.

21 CHAIRPERSON SCHULMAN: It's 11-- I meant
22 to tell you--

23 DEPUTY COMMISSIONER SCHIFF: [interposing]
24 There are 11.

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2 CHAIRPERSON SCHULMAN: it's 11 and you
3 have eight.

4 DEPUTY COMMISSIONER SCHIFF: Oh, you knew
5 the answer.

6 CHAIRPERSON SCHULMAN: We-- no, we just
7 looked it up.

8 DEPUTY COMMISSIONER SCHIFF: You looked
9 it up. There are-- I looked it up, too. There are
10 11 and we have three vacancies at this time.

11 CHAIRPERSON SCHULMAN: They shared-- so,
12 I just want to say to the administration, we should
13 get those vacancies filled, but go ahead.

14 DEPUTY COMMISSIONER SCHIFF: Thank you.
15 The role of the Health Department is to permit
16 programs. We regulate childcare centers and school-
17 based childcare. So, our-- this-- the tenor of the
18 question I think is maybe more directed to some of
19 the agencies that are planning for where childcare
20 should be. So, from our point of view, we are
21 permitting a provider that is located any place in
22 the city. We are doing that work to support their
23 permit application and then, of course, doing that
24 technical assistance, education, and inspections.

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2 CHAIRPERSON SCHULMAN: Okay. What steps
3 is DOHMH taking to ensure that neighborhoods with
4 limited health care and childcare infrastructure are
5 not disproportionately impacted by multiagency
6 approval delays, and are there targeted strategies to
7 increase capacities in these high need areas? And I
8 want to just make a comment that I know that the
9 Council Member, because I've been out to her
10 district, is talking about Far Rockaway. So, there's
11 particular issues out there.

12 DEPUTY COMMISSIONER SCHIFF: I'd be happy
13 to take a look at that. I am not aware that there are
14 delays for providers seeking to open childcare
15 programs in the Rockaways. The issues-- the
16 permitting process the same. So, if there are
17 particular issues that the Council Member wants to
18 highlight for us, we'd be happy to take a look at
19 that.

20 CHAIRPERSON SCHULMAN: Okay. And then
21 the last question she had is: how does DOHMH
22 coordinate with other agencies to ensure continuity
23 of care and safe operations for health and childcare
24 facilities in emergency-prone or transit desert
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2 communities? Which is one of her-- which is hers,
3 actually.

4 DEPUTY COMMISSIONER SCHIFF: I'm not sure
5 that I'm-- I'm struggling a little bit, because I'm
6 not sure that I understand the question. If it is
7 asking about making sure that there are sufficient
8 childcare programs for--

9 CHAIRPERSON SCHULMAN: [interposing] Yeah.
10 In communities--

11 DEPUTY COMMISSIONER SCHIFF: caregivers
12 in those communities.

13 CHAIRPERSON SCHULMAN: Right.

14 DEPUTY COMMISSIONER SCHIFF: It's an
15 important question that the administration, you know,
16 as we move towards universal childcare, I think that
17 that will be a key component to look at, not directly
18 under the purview of the Health Department.

19 CHAIRPERSON SCHULMAN: So, what I'm going
20 to ask is if you would be willing to have a meeting
21 with the Council Member around the specifics of her
22 district?

23 CHAIRPERSON SCHULMAN: Of course we
24 would, yes.

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2 CHAIRPERSON SCHULMAN: Okay. So, thank
3 you. Anybody else have any other questions? Nope.
4 Alright, well, I appreciate the testimony. See, told
5 you guys it wouldn't be that long. We'll-- you know,
6 we'll figure this out. And thank you for coming
7 today. Really, I know it's not the greatest weather
8 conditions out there, but we appreciate it. Thank
9 you. We don't have anyone to testify in person. If
10 anybody is here, you should sign up. We don't have
11 anybody on Zoom. See what she wants. If there's
12 anyone else present in the room who has not had the
13 opportunity to testify but wishes to do so, please
14 raise your hand. Seeing no one else who wishes to
15 testify, this hearing is adjourned.

16 [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 February 6, 2026