CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GOVERNMENTAL OPERATIONS,STATE & FEDERAL LEGISLATION

Jointly with

COMMITTEE ON GENERAL WELFARE

And

COMMITTEE ON HOSPITALS

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September 15, 2025
Start: 1:15 p.m.
Recess: 5:43 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Lincoln Restler
Chairperson

Diana I. Ayala
Chairperson

Mercedes Narcisse
Chairperson

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Carlina Hollingsworth
Stuyvesant Gardens Tenant Association

Andrew Santa Ana
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Orlando Ovalles
NALEO Educational Fund

Je'Jae Cleopatra Daniels

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Ashana Shome
The Committee of Interns and Residents

Manuel Martinez
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Anna Srey
Mekong NYC

Tanesha Grant
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Jane Ni
Community Healthcare Association of New York State

Christopher Leon Johnson

SERGEANT AT ARMS: Good afternoon and welcome to today's New York City Council hearing for the Committee on Governmental Operations joint with the Committee on General Welfare joint with the Committee on Hospitals. At this time, please silence all electronic devices. If you would like to testify, you must fill out a testimony slip with one of the Sergeant at Arms. No one may approach the dais at any time during this hearing. Chairs, we are ready to begin.

CHAIRPERSON RESTLER: Good afternoon. My name is Lincoln Restler and I have the privilege of chairing the Committee on Governmental Operations, State and Federal Legislation. I'd especially like to thank my counterparts who are co-chairing this hearing with me today, the great Deputy Speaker Diana Ayala, Chair of our General Welfare Committee, and the wonderful Council Member from Brooklyn, Mercedes Narcisse who chairs our Hospital Committee. I'd also like to recognize my colleagues who are here with us: Council Member Stevens, Council Member Riley, Council Member Menin, Council Member Carr from Brooklyn, and Council Member Ung. Thank you all for being with us. And is there anyone online who I should shout out?

And Council Member Marmorato from the Bronx. Today, we are holding an oversight hearing on the impact of federal funding cuts in New York City. On July 4th, President Trump signed what he calls the One Big Beautiful Bill Act into law. This is a disastrous bill for the country and for our city. Indeed, this is the most devastating piece of legislation to hit New York City in decades. It provides tax cuts for the rich and takes resources from the most vulnerable. Let’s be clear about who benefits from this bill. Seventy percent of the benefits will go to the richest 20 percent of households, and almost half of the benefits are going to the very richest five percent of households. To fund these tax cuts for the wealthy, this bill undermines our health care system and hospitals serving the most vulnerable. 1.5 million New Yorkers will lose access to health insurance across the state, nearly one in 10 residents. The state budget and health care system face a $14 billion shortfall. Up to 200,000 health care jobs will be lost. Safety net hospitals will be forced to reduce services, if not close altogether. It's as if this bill was written to hurt the people of New York City. Yet, Mayor Eric Adams has his head

stuck in the sand. For the second hearing in a row on this topic, Eric Adams and Randy Mastro have failed to allow the administration to testify before this committee. They are either too scared of offending President Trump or they are wholly unprepared to deal with the fallout of this disastrous bill. Either way, they are illegally preventing the City Council from fulfilling our Charter-mandated authority to provide oversight of city government. Governor Hochul has begun developing strategic solutions to mitigate some of the worst cuts, but we are still facing massive holes in the state budget, our health care system and soon those gaps will manifest in the city budget. In addition to destroying-- and I really mean that-- destroying access to health care for millions of New Yorkers, 300,000 New Yorkers will also lose access to food benefits under this bill. Not because they don't need the support, but because Republicans in Congress are making the bureaucratic process so difficult to access the food that New Yorkers need. These individuals, many of whom will also be losing their health care will have less assistance to buy food as the cost of groceries and rent continues to climb,

and all of this is just to benefit the richest five percent of households. We're here today because this bill will impact everyone in our city, increase health care premiums, greater burdens on our emergency rooms, hospital closures, hungry neighbors. These multi-billion dollar gaps in the state budget will generate significant cost shifts onto the City of New York that will in short order force us to make difficult decisions about how to shrink city government. Almost 10 percent of our city budget comes from federal funding, and it is at great risk. Now is the time to plan and prepare. While we are waiting for more clarity on how the state will handle these cuts, the City must put a plan into action to mitigate the very worst impacts, and we must be advocating together with our colleagues in Albany to protect the wellbeing of vulnerable New Yorkers. ensuring people have their most basic needs met, like access to health care and food, is our most fundamental responsibility as elected officials. The Trump administration and Republicans in congress have not just abdicated that basic responsibility, they've sold out Americans to benefit the rich and powerful donors. The rich get richer. Republicans are trying

to remove the safe-- as the rich get richer, Republicans are trying to remove the safety net from the poorest New Yorkers, but we will not stand for that. We will fight back and we will continue to guarantee that New Yorkers have access to the health care and the food that they need and deserve. And again, despite the gravity of this situation, the Adams administration is nowhere to be found. What is tragically clear is that the mayor and his team are not working to serve the people of New York City. They are shamelessly trying to endear themselves to Trump. The mayor's fear of alienating the president is more important to him than serving the people of our city, and I for one am relieved that we have only 107 days left until this abject failure of a mayoralty mercifully ends. We're also going to be hearing two bills today under the Governmental Operations Committee, Intro 1364 introduced by myself and Council Member Brannan and co-sponsored by Council Member Hanif-- thank you for being here Council Member Hanif-- will require that the city report monthly on all federal funding into New York City and the specific programmatic areas of that funding. It will also require the city to report on

Section 3 requirements affiliated with this funding and whether or not the city is in compliance. Intro 1225, sponsored by Council Member Menin, would require the city to establish an Office of the Census to maximize local participation in the federal decennial census. With that, I'd like to thank the staff from the Governmental Operations Committee, General Welfare and Hospital Committees for their hard work in preparing for this hearing, as well as my Communications Director, Nieve Mooney, and my like truly amazing Chief of Staff, Molly Haley[sp?]. With that, I will turn it to our Deputy Speaker Ayala for opening remarks, and I would also just like to recognize-- announce, excuse me, that we have ASL and cart [sic] and Spanish interpretation available. Cart is the closed captioning-- is the captioning if that's helpful for you. You can go to folks in the back if you need help with ASL or Cart and Spanish interpretation as well. So, please take advantage of those resources if they are needed. Thank you so much, and Deputy Speaker Ayala, I will pass it to you.

CHAIRPERSON AYALA: Good morning, everyone. And-- actually, good afternoon. Before I

even read my remarks, I just wanted to share that I am really disappointed. As you can see, there's no one here to testify from the administration. There are three committees up here, and not a single representative from the administration was sent to testify which is not only disrespectful to the members that are sitting here on the dais, but it's also disrespectful to all of you who took the time to come here today to have-- you know, hear testimony from the administration and to be able to share some of your own experiences and how these-- the impact of these cuts will devastate some of the people that we all represent in this room. I for one, you know, think that the Trump administration is racist, and I believe that they are anti-Black and Brown people, that they have a disdain for poor people, in particular, because they see us as dirty, as weak, as lazy, and that is nothing short of the truth. We are survivors. I sit here today as a product of a very poor family. My mother was born in Puerto Rico. She probably had a sixth-grade education, and she raised us, not because she wanted to, but because she had no other options, on public assistance, on food stamps. We were in shelter. We benefitted from WIC benefits.

All of those services were lifelines for my family, and I benefited from those when I had my children, and those programs allowed me to be able to go to school, to become, you know, self-sustainable, to be able to pay my own bills and not have to rely on the system, because the system was intended to help us do that. And without these resources, what we're saying is that we don't care that the people that need it the most are going to go without. And we expect nothing less from our local government than to unify at a time like this, and to be able to come together and come up with solutions and strategies to make sure that these impacts hurt the least amount of people possible. So, shame on the administration for trying to make a political point that they will not be chastised or questioned when we are coequal partners in government and it is our responsibility by law to provide oversight over all of the city agencies. We don't do this for fun. This is our job-- is to ask those questions, and we hope that the administration is listening, because they owe you all an apology. With that, I just want to say thank you for joining us today. We're here to discuss how HR1 passed by Congress and then signed into law by

President Trump is going to have devastating impacts on our social safety net. In order to finance the tax cuts and additional spending, this bill made steep cuts to multiple government services including Medicaid, SNAP benefits, and the children's health insurance program. As a result of this bill, many families will be even more vulnerable, facing, among other things, heightened food insecurity and strains on their ability to afford their basic needs such as housing and childcare. Many who were previously eligible for certain benefits will be cut out of accessing them, including some of the most marginalized veterans, homeless individuals, people who have aged out of foster care, people living in areas with limited job openings, and non-citizens. This bill will have a detrimental affect on so many people. In addition to its direct economic impact on individuals and families, it will result in poorer nutrition and negative social determinants for health and mental health. Today, we are also hearing my bill 1372 which would require the rent contributions for CityFHEPS recipients not exceed 30 percent of a household's total monthly income, regardless of whether the household receives public assistance or

has earned income. New Yorkers are already facing significant economic strains and struggling to pay their rent. The recent rule adopted by the administration, the Adams administration, raising the threshold from 30 to 40 percent of a household's total monthly income to contribute towards the rent of using CityFHEPS vouchers is unconscionable and will have many negative consequences, including potentially pushing people who have secured permanent affordable housing into eviction. And I think that's really important to note because I don't know how many people truly understand that, but 30 percent of your income is not 30 percent of your net income, and those of us that-- you know, all of-- most of us here that pay taxes understand that you get paid a specific amount, but that's not what you're taking home, and so 30 percent of that is almost equal to an entire paycheck that is going to rent, and that's just the 30 percent. Now we're adding-- we're increasing it to 40 percent which is a huge financial burden on families that are already stressed out. It is a backward step when it comes to providing New Yorker with what they need to survive in this city, and the bill seeks to ensure that the threshold

remains at 30 percent. Moving onto some housekeeping matters, I want to note that translation services, as Council Member Restler mentioned, are available for anyone who needs them, and I would at this point request the members of the administration remain here for public testimony, but they didn't even bother to show up. So, we'll be hearing from some, you know, individuals today that are in the room that are, you know, obviously assisting families that are receiving these services and can share with the administration what you would like to see come from them. Also, I would like to thank my committee staff who worked to prepare this hearing, Aminta Kilawan [sp?], Senior Legislative Counsel, Penina Rosenberg [sp?], Senior Policy Analyst, Justin Campos [sp?], Policy Analyst, Elisabeth Childers-Garcia, Finance Analyst, Phariha Rahman [sp?], Finance Analyst, Julia Haramis [sp?], Unit Head, and finally my staff, Elsie Encarnacion [sp?], my Chief of Staff. Thank you.

CHAIRPERSON RESTLER: I'd like to recognize Council Member Banks of Brooklyn and Council Member Vernikov of Brooklyn. Thank you both for joining us, and pass it over to our Co-Chair, Council Member-- Chair Narcisse.

CHAIRPERSON NARCISSE: Good afternoon, and usually when we start our hearing we'll have-- we're expecting to have admin to be sitting here with us. I'm disappointed that administration did not show up for us, and the hearing is not about us. It's about the people of New York City, and it's how we can work together to make sure we address the cuts that coming. And if I may say, if we fail to plan, our planning will fail. So, we're not planning right now. That's what's going on in our city of New York. So, I'm hoping that we can come to an understanding because at the end of the day, New York City elected us to organize, to work together, to collaborate, to make sure we come with the best plan possible for the City of New York. So, I'm not happy with that. Good afternoon, everyone. Yes, I am Council Member Mercedes Narcisse, Chair for the Committee on Hospitals. I'd like to start by extending my thanks to Chair Restler and Deputy Speaker Ayala for convening this hearing so that we can discuss the devastating federal cuts that will impact our state and our city's ability to provide necessary services. These new federal policies threaten the well-being of our most vulnerable New Yorkers and create new

arbitrary barriers for people who need to access crucial food safety assistance and health care coverage. The state is contending [sic] with billions of dollars in federal funding cuts, and we know that the effects will be felt most acutely by historically marginalized New Yorkers. you heard it from my colleagues, the Black and Brown folks. The state essential plan is slated to lose $7.5 billion in federal funding which is projected to result in 1.5 million New Yorkers across the state losing their existing health care. The essential plan provides health care benefits for no monthly premium or deductible for enrollees who have an income that is less than 250 percent of the federal poverty rate. As a result, roughly 725,000 legally present immigrants will be forced off the essential plan, and while roughly 500,000 of those individuals will be eligible to enroll in Medicaid. The remaining 225,000 exceeds the income threshold and will be left with no guaranteed right to coverage. Moreover, the state is also contending with severe cuts that jeopardize the hospital system. We know how our hospitals are doing today. Most of them outdated structures. $8 billion in federal cuts to New York

hospitals are likely, and the Greater New York Hospital Association estimates that over 34,000 hospital jobs will be lost as a result, and most people there going to lose their jobs. Think about it. Additionally, the state is losing $1.6 billion in annual funding that used to be derived from managed care organization's tax contributions which has historically been used to keep financially distressed hospitals open and to support provider rte increases. At the same time, the federal government is slated to reduce its disproportionate share hospital program which provides funding to safety net hospitals experiencing a Medicaid shortfall. The DHS program cuts are slated to take effect on October 1st, around the corner, and will only compound the financial struggles of hospitals that serve our most vulnerable populations. In recent years, hospitals have been struggling to keep their head above water. Staff attrition is up with-- and we understand why. With many departing employees citing inadequate pay and overwhelming workloads as their reasons for leaving a job that they love. Hospital facilities have been delaying crucial renovations because they cannot afford to make repairs while also continuing

to serve the health needs of their community. The need for additional hospital funding is at an all-time high, yet, this federal administration has taken it upon themselves to slash as many programs as they can without regard for the severe consequences that their constituents will face. With these new cuts, hospital closures and service disruptions are imminent. And we know, again, which areas are going to lose their hospital. And they will impact everyone seeking care in this city. It is our hope that today we can come together as a city and collaborate-- which we're not having-- on a solution that allows us to provide the level of health care and social services that New Yorkers need and deserve. Before we begin, I like to thank Committee Staff Senior Legislative Counsel, Rie Ogasawara, and Policy Analyst Josh Newman for their hard work in preparing for this hearing. I also like to thank my staff, Frank Shea [sp?], Stephanie Laine [sp?], and Irene Khlevner [sp?]for their work as we continue to serve this City Council and our constituents. With that, I now turn it back to Chair Restler. Thank you, Chair.

CHAIRPERSON RESTLER: Thank you so much, Chair Narcisse, and I now like to invite Council Member Menin to say a few words about her legislation that we're hearing today. Oh, and I'd like to recognize Council Member Avilés. Thank you for joining us.

COUNCIL MEMBER MENIN: Thank you so much, Chairs. So, I had a prepared statement I was going to read, but I'm going to deviate from it, because in looking out at these five empty chairs, it is unconscionable that the administration is not here. I previously served as Commissioner of three different city agencies. There was not a single time where myself or our agency did not present to a City Council hearing ever, and the fact that this is happening with a topic that is as important as the one that we are hearing today is completely and wholly unacceptable. In addition to the comments that you heard from the Chairs, we are hearing a bill that I have introduced on the census. It's 1225. Basically, what the bill does is it creates a permanent Office of the Census. It would require the City 2.5 years prior to the beginning of the census, so two and a half years prior to 2030 to create a

permanent Office of the Census. I honestly cannot think of a more important topic to New York City's future than that. in the 2020 census-- and I served as a census director then-- we were able to organize. We were able to disseminate grants to 150 trusted community voices on the ground. We did 34 different media campaigns in 27 different languages. We sent over seven million texts. As a result of our organizing efforts which took a lot of time and planning to be able to execute, New York City finished first on the census, ahead of every other major city, meaning we got funding. We got our fair share of a $1.5 trillion piece of federal funds that we were fighting for. That is funding for Head Start, for SNAP, for Title I, for our schools, for over 300 different vital programs that are at stake here. And the administration is choosing not to come to engage with the Council on that? And then, let me just close by talking about the congressional seats. Every decade since 1950, New York State has lost a minimum of two seats, sometimes three seats, sometimes four congressional seats, and the 1985 seats. We used to prior to 1950 have 45 members of congress in the New York congressional delegation.

We now have 26. It is slated that we're going to lose two congressional seats in the 2030 census. So, once again, this administration is choosing not to be here today to engage with us and the public on this vital issue. It's shameful. Thank you.

CHAIRPERSON RESTLER: Thank you so much, Council Member Menin. And I would like to recognize Council Member Gutiérrez. Thank you for joining us, and I hope everyone wishes her a belated birthday. Yesterday it was her-- there we go. Happy birthday, Jen, we all love you. Okay. Now, let's hear from some of the great people in the audience. I'll again express my dismay and disappointment that the administration failed to show up today. This is the third Governmental Operations hearing in a row that the administration has failed to show up. I know. Can you believe it? Okay, we're going to start with IBO and Greater New York. So, Sarita Subramanian and Marla Simpson from the Independent Budget Office and Elisabeth Wynn from the Greater New York Hospital Association, please join us. Thanks so much. And feel free to testify in whichever order you're so moved.

MARLA SIMPSON: Thank you. On behalf of the Independent Budget Office, thank you for the opportunity to testify today on the impact of federal budget cuts here in New York. I'm Marla Simpson, a proud constituent of the 33rd, and in this case also Special Assistant to IBO Director Louisa Chafee, who is unable to join us today. Together with my colleague, Senior Research and Strategy Officer Sarita Subramanian, we'll provide an overview of IBO's work on this important topic. Since the passage of the One Big Beautiful Bill Act in July, IBO has focused on how these changes will affect New Yorkers, as they cascade through multiple funding streams: funds awarded to the State, to the City, and directly to individuals. Most large impacts to the State will occur during state's 2027 fiscal year, which begins next spring, but some severe impacts will be immediately felt by individuals beginning in January. To contextualize the potential impacts of the cuts and the many regulatory changes that accompany them, IBO is preparing a series of explanatory reports entitled "Federal Changes, Local Impacts." The reports will highlight challenges that flow from the OBBBA, also from rescission of

appropriated funds, reductions in federal staffing at the agencies, and presidential executive orders. IBO will focus on areas in which the City receives substantial federal funding that is now at risk. Our first report focuses on New York City's Health + Hospitals system and will be released later this week with other reports regularly this fall. Topics will include funding for NYCHA, for the arts, for K-12 and higher ed, disaster relief, public safety, environmental regulation, the tax code, and safety net supports for food and income. My colleague will now address cuts to the Supplemental Nutrition Assistance Program, SNAP, and Medicaid, in particular.

SARITA SUBRAMANIAN: According to the New York City Human Resources Administration, as of July 2025, over one million New York City residents rely on SNAP to feed their families, receiving between $292 and $975 a month, based on household size. Cuts to SNAP, which will likely be the first federal cuts to hit New Yorkers, include stringent work requirements, increased reporting, burdensome recertification rules, and new limits on the cost of the Thrifty Food Plan, the baseline for determining

benefit levels. All of these changes kick in just as inflation is driving grocery costs ever upward. Cuts or pauses to other programs have already affected food pantries, which will make it harder for New Yorkers who are hurt by these cuts to find alternative support. At the same time, as of July 2025, almost seven million New Yorkers statewide received essential health care through Medicaid, with over 57 percent of them, nearly four million, here in New York City. The OBBBA does not directly impact reimbursement rates for Medicaid, but does eliminate funding for individuals who are not citizens. It also imposes stringent work requirements for all enrollees. Medicaid revenue impacts to the State are expected beginning in January 2026. Initially, Governor Hochul announced that the State expected more than one million individuals to become uninsured. This is largely a result of the State’s inability going forward to maintain the New York State Essential Plan, a Basic Health Program established under the Affordable Care Act. Just last week, Governor Hochul announced plans to revert the eligibility criteria for the State's BHP to the previous limit of 200 percent of the federal poverty

line. This would allow more than one million Essential Plan members to remain insured. However, another 450,000 former Essential Plan members whose incomes fall between 200 and 250 percent of the federal poverty line, and who were previously included in the program's expansion, are now likely to lose coverage. As detailed in IBO's upcoming H+H report, H+H is the largest public hospital system in the nation, serving over one million patients annually and employing over 43,000 workers. Its fiscal year 2025 operating budget was $13.5 billion. H+H is a safety net health system, as defined by the State Department of Health, as over 65 percent of its adult patients are either uninsured or reliant on Medicaid. This makes H+H particularly sensitive to these recent policy changes. Because over half of the system's operating revenue stems from public insurance reimbursement, inclusive of both Medicaid and Medicare and supplemental Medicaid payments, H+H receives operating subsidies from the City's coffers-- almost $3 billion in 2025, or 28 percent of its total budget. IBO's report details H+H's extensive network of sites, centers, clinics, and other services such as Correctional Health Services for

individuals in Department of Correction custody. H+H also administers insurance through MetroPlus and provides health care access for New Yorkers who do not qualify for and are unable to afford insurance, NYC Care. Because H+H's mandate is to serve all New Yorkers regardless of ability to pay, the decline in the size of the uninsured population will reduce revenues, raising questions as to how the City and State may be able to respond. In the past, such financial challenges have sometimes been offset by City intervention, or in the case of the COVID-19 pandemic, federal stimulus funding. The State and City may choose to either insure or otherwise pay for medical care, for example through programs like NYC Care, but the flexibility to do so may depend on the scale of all the federal cuts that may simultaneously impact multiple different areas. Beyond the implications for direct funding, IBO's report notes that economic activity may also be affected as employees or contractors potentially lose their jobs as these systems are forced to downsize. Most importantly, there are potentially devastating impacts on health outcomes for individuals who may be forced to forego primary or emergency care, or who

are unable to afford necessary medication. IBO will continue to monitor federal changes that have local impacts. Thank you for the opportunity to testify, and we're happy to answer questions.

CHAIRPERSON RESTLER: Thank you.

ELISABETH WYNN: Good afternoon Chairs Restler, Narcisse, Ayala, and other members of the New York City Council. My name is Elisabeth Wynn. I'm the Executive Vice President for Health Economics and Finance at the Greater New York Hospital Association. We proudly represent all New York City hospitals, both not-for-profit as well as public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. The consequences of the One Big Beautiful Bill or HR1 are especially severe in New York. As has been outlined, 1.5 million New Yorkers are expected to lose their insurance coverage, and we estimate an $8 billion direct revenue impact on our hospitals, and this comes from decreased reimbursements and increased uncompensated care costs, as well as Medicaid cuts that are expected to flow through from the state. These come at a time when New York's hospitals are already struggling. In 2023, 60 percent of New

York's hospitals experienced negative operating margins, and across the state about 75 hospitals are receiving financial subsidies just to keep their doors open, including at least 25 in New York City. We estimate that as a result of the changes in HR1, 34,000 hospital jobs will be at risk, and these economic impacts will ripple through the economy, potentially impacting another 29,000 jobs outside of the hospitals, and a loss of $14.4 billion in lost economic impact throughout the state. Unlike most other states, the impact on New York is expected to be most immediate. There are two provisions that are taking effect essentially today. The first is the MCO tax, and its sunset. The MCO tax was passed as part of this year's budget and it allowed for critical investments in New York's Medicaid program, including for hospitals. Under HR1, the administration, the Trump administration, is permitted to provide up to a three-year transition for these taxes going away. We are currently strenuously advocating for that at the federal level and are looking for that flexibility. The second concerning and immediate impact is on New York's Essential Plan, and that's been mentioned before as well. While Geater New York's preference

would be for this to be delayed legislatively-- and we're actively working with leaders Schumer and Jeffries, as well as the Republican delegation members to see that happen as part of the upcoming budget discussions in New York. Last week, Governor Hochul did announce some changes to preserve coverage for 1.3--

CHAIRPERSON RESTLER: [interposing] Feel free to take another couple minutes. I think your testimony is especially important today.

ELISABETH WYNN: I'm sorry?

CHAIRPERSON RESTLER: Feel free to take another couple minutes.

ELISABETH WYNN: Okay. Her plan is not without downsides. 450,000 New Yorkers would lose coverage, and we are working with others on some mitigation strategies to try and improve affordability of health insurance for those individuals. Unfortunately, these two provisions are just the beginning of the impacts on New York, our Medicaid beneficiaries, our hospitals, and other health care providers, as well as our health care workers. I hope that you'll join with us in advocating for changes at the federal level to

preserve essential services for New Yorkers. thank you.

CHAIRPERSON RESTLER: Thank you so much. We'll begin with Chair Narcisse, and if members have questions they'd like to ask, just let us know. And I do want to thank Council Member Cabán for joining us and Council Member Brewer. And we have Council Member Moya online.

CHAIRPERSON NARCISSE: This is heartbreaking for me to even to ask the question. We already know the hospitals that we're dealing with right now, they cannot even function as we speak right now. With the cuts that going on right now from the federal level-- you may-- you may answer, you can choose not to answer-- how many hospital you think that we can, I mean, that will be closed within the next five years or so just randomly.

ELISABETH WYNN: Yeah, it's unavoidable that there will be hospital closures in New York.

CHAIRPERSON NARCISSE: Patient-- I mean, we estimated for New Yorkers who will lose health care coverage was roughly 1.5 million statewide, right? Do you have any estimate for the number of resident in New York City? Do we have the statistic?

I don't want to keep on pushing. Because all we here- - just like pushing to know where we're at. We wish that those others were here, but they're not here to ask them, but from your own research.

ELISABETH WYNN: So, in general, New York City is expected to receive about half of the statewide impact, but the Essential Plan changes, you know, are particularly damaging in New York City, given the population that they affect. So that is a particularly concerning change.

CHAIRPERSON NARCISSE: So, how many-- in particular, how many patient in New York City will be kicked-- I think you gave the number already, but can you repeat that again? How many-- how many patients in New York City will be kicked off of the New York State Essential Plan and transition over the Medicaid program now?

ELISABETH WYNN: So, under-- last week, the Governor put forward a plan that would actually preserve Essential Plan coverage for about 1.3 million New Yorkers. That's the statewide number with about 450,000 losing their coverage. And her plan is really an attempt to mitigate the worst impacts of HR1 on New York. That plan does require

federal approval, but it would allow New York State to access about $10 billion in what we call the Basic Health Plan Trust Fund. That was a fund that was accumulated since 2016 in federal funding. It can only be used in New York for the purposes of providing Essential Plan coverage, and so you know, that is kind of the next step is to try and overt some of the movement out of the plan into Medicaid. So that's the current effort, but as I said, you know, we'd really like to see a federal delay in that provision for at least three years to give the state to plan as not only from the state, but the plan for the insurance changes and for New Yorkers as well to have a-- kind of a glide path to ensure that coverage is sustained.

CHAIRPERSON NARCISSE: And we know some of them that are going to be off Essential Plan will not be eligible to get any other plan, right?

ELISABETH WYNN: That's correct. Well, the 450,000 that would lose eligibility under the Essential Plan, if-- assuming that CMS approves the movement back to the Basic Health Plan, they will be still eligible for ACA tax credits and for ACA marketplace coverage, but we are very concerned about

the affordability of those plans for individuals at that income level.

CHAIRPERSON NARCISSE: You know, it's creating such an uneasy feeling for me to know so many folks will be without insurance in our city of New York, and coming out of COVID, COVID is not kind of a history in the past, it's still present, by the way. So many folks still having COVID around us. Difficult. Committee-- how have hospital administration been communicating with hospital staff? Are you aware how they been communicating about the uncertainty surrounding this budget? Are we having those conversations?

ELISABETH WYNN: Yeah. So, you know, to-- the hospital management has been very focused on trying to get their arms around the impacts. As you know, we just focused on two of the provision here, but there are another probably half a dozen that I've outlined in my testimony, including, you know, direct cuts to safety net hospitals. As was mentioned earlier by my earlier-- by my fellow panelists, there's also the Medicaid dish cuts that are coming down the pipe that would hit New York City hospitals. So we've been trying to get our arms around

quantifying it, and then we are working actively on communication strategies to really educate our workers, but also our communities about the impacts of these cuts, and forums like this are obviously very important for getting that message out.

CHAIRPERSON NARCISSE: By any chance do you know how have H+H administrators been communicating with patients about potential changes to their insurance eligibility? Like, for instance, SNAP, CHIP-- how it's going to valuable to our folks in New York City and any health-related impacts of-- I don't want to say Big Beautiful Bill, because we damn know that is not beautiful for any one of us.

ELISABETH WYNN: We call it HR1.

CHAIRPERSON NARCISSE: So, HR1.

ELISABETH WYNN: HR1. Yeah, I can't speak on behalf of any specific hospital. I will say that Greater New York in working with the 1199 SEIU through our joint Health Care Education Project has been doing a lot of community forums, and putting together advertising campaigns and really public messaging about the devastating impacts of these cuts. And so we will continue to try and amplify those messages in the community.

CHAIRPERSON NARCISSE: Mental health has been a real situation for us. Now, we're not going to have insurance to even get people to certain places to get their health care addressed. So, we had behavioral health, right, the B-HEARD. This program been assisting a lot of folks, right? This program was launched by the City as a pilot program in the spring of 2021. It employs social workers who are affiliated with H+H. This program has received a claim from a wide swath of the community and has been seen as an effective intervention for non-violent individuals experiencing a mental health emergency. Although there have been calls for B-HEARD to be extended to more or all city police precicnts-- I advocate for my 69 precinct, too. Will such expansion be possible if we have all those federal cuts? What is your thought process around that?

ELISABETH WYNN: Yeah, it will come down to where do we find the financial resources, right, and priorities. Ensuring that New Yorkers have access to mental health is certainly a priority of the hospital industry, so would like to work with you on that.

SARITA SUBRAMANIAN: I just want to note that IBO is doing a study on B-HEARD, looking at the rollout as well as, you know, how that is differed by different precincts that have had the program, recognizing the fact that the citywide expansion was, you know, halted. And so I think one thing to also keep in mind is the supply of social workers and how that relates to the funding level of the program and that's something that we are looking at specifically, and also something that we've been thinking about from the perspective of education as well, as there are a lot of social workers in schools.

CHAIRPERSON NARCISSE: I have so many question with H+H. I don't want to squeeze you on all of them, because I would rather have them in front of me to ask these questions. So, I'm going to take a break and review all the question that I can ask you that you can help us to figure things out a bit. So, I'm going to pass it back to Chair Restler.

CHAIRPERSON RESTLER: Thank you so much, Chair Narcisse, and thank you for your testimony, and it's always good to have a constituent at the witness table. So thank you for being here, Marla. And for my colleagues who may not be familiar, Marla ran MOCS

for years during the Bloomberg administration, did a phenomenal job and is a great resource for all of us and for the City. I'd like to just begin my questions with Ms. Wynn from Greater New York. So, you mentioned about the announcement that Governor Hochul made last week to reduce eligibility in the Essential Plan which will, you know, allow us to take advantage of this $10 billion health care trust fund, Essential Plan Trust Fund. Have you begun to model for the 450,000 people who will no longer be eligible for the Essential Plan? What percentage of those individuals are likely to be able to retain access to health care, health insurance?

ELISABETH WYNN: We haven't been able to model that. We do know that before the Essential Plan was expanded to that income group, there are about 70,000-- that's a statewide number, but there were about 70,000 New Yorkers who were purchasing ACA Marketplace coverage at that point. That is still an option, but we are very concerned about the affordability of the premiums for that income level. And so looking at other options, whether that's an-- and I'm just, you know, a buy-in program, other subsidies to build onto the federal subsidies that

those individuals are available for and, you know, other programmatic initiatives so that as much coverage as possible can be maintained for that group. I should also mention, you know, the other concern is that the federal enhanced premium tax credits which were extended-- were initially implemented during COVID to expire at the end of the year. So, there's also a congressional effort to get those extended.

CHAIRPERSON RESTLER: Yeah, indeed there are. And lots of other open questions about DISH and state direct payments and other critical resources that are at risk. From-- you know, we've seen different reports from DOB and from the Comptroller's Office about the likely gaps in Medicaid funding as a result of the Big Beautiful Bill. Does Greater New York have an estimate on the impact in the state budget?

ELISABETH WYNN: The-- before the Essential Plan changes last week, we had estimated about $6 billion in direct reduced federal funding. So, you know, with the Governor's plan that would be reduced somewhat, but that doesn't include, you know, some of the SNAP changes or other--

CHAIRPERSON RESTLER: [interposing] Right.

ELISABETH WYNN: changes that were included in HR1. That was just the direct Medicaid impacts that we were able to look at.

CHAIRPERSON RESTLER: If CMS approved these changes-- this modification to the Essential Plan, are you optimistic that this can give us a soft landing through the next two to three years?

ELISABETH WYNN: This-- my understanding is the state's estimate is that it would give us until about 2029, but then you'd hit--

CHAIRPERSON RESTLER: [interposing] A cliff.

ELISABETH WYNN: you know, another cliff, right? So, that is very much--

CHAIRPERSON RESTLER: [interposing] And any early--

ELISABETH WYNN: our concern, you know, and that's part of the push for a legislative solution or delay.

CHAIRPERSON RESTLER: And I know you work with folks across the aisle. Do you have any indication if the Republican members from New York are going to support this modification to the

Essential Plan, and any early indication from CMS' position?

ELISABETH WYNN: So, in terms of the delegation, all seven members of the Republican House delegation did sign letters during the HR1 debate, actually looking for a three-year delay in those provision. So, we're very hopeful that they will continue to engage in this issue, and we have early indications that that will occur. We have not yet spoken with the administration about-- with CMS or the administration about the basic health plan change.

CHAIRPERSON RESTLER: So, the Governor's estimates are that we're looking at an additional 1.5 million people statewide that will be uninsured because of this legislation. Maybe that will be modified slightly from the changes last week. Her previous estimates were 1.5 million. We were hoping to start the hearing today with Health + Hospitals who are the primary health care provider for uninsured New Yorkers, you know, solidly 20 percent plus of the people who visit Health + Hospitals each day don't have health insurance. But with this significant increase in the number of uninsured

statewide, what is Greater New York planning to do to help step up and ensure that people have access to the care that they need?

ELISABETH WYNN: So, first of all, we are working on initiatives to try and help mitigate some for the estimated-- so, the Governor had estimated 1.2 million losing insurance as a result of the Medicaid eligibility changes, and that included the work requirements as well as more frequent eligibility checks. We are actively working on strategies to really work with not only our patients, but with community organizations as well on trying to make sure that, you know, to the extent possible patients are able to comply with those new requirements, that they're educated about them, right? I mean, part of the challenge is just getting the word out about these changes, and so really working with individuals to try and maintain their coverage as best as possible. So, that, I would say, is the first thing. The second thing is hospitals are open 24/7. We take all patients regardless of insurance, and we will continue to do so in the future, but you know, there will be a financial downstream impact that we will need to grapple with.

CHAIRPERSON RESTLER: I think we all hear stories about the people who are-- the patients who were shifted from a voluntary hospital to a public hospital when they lack insurance. So, it's imperative to me, and I think the Council as a whole that we want to see every voluntary hospital step up and do more to help fill this gap. This is a really dark and scary time for many New Yorkers, especially immigrant New Yorkers. You testified, too, that you're modeling anticipates 34,000 jobs lost in the health care sector and 29,000 other jobs that would be lost as reverberations in the economy play out. Could you help us understand that 34,000 figure? How does-- what kind of health care jobs are we at risk of losing?

ELISABETH WYNN: Yeah, so there's a national statistical model called In-Plan [sic]-- It was actually started in the U.S. Forestry Service-- that allows planners-- I don't know if IBO uses it. Okay. We've used it for years to help estimate and understand the economic impacts of different policy changes, and that could be either positive or negative, right, generating new jobs or losing jobs. And if you put $8 billion-- you know, the estimated

$8 billion impact into that model, it does generate that 40,000 estimated job loss. You know, unfortunately that will-- you know, it will include front line workers, management. I mean, there's no title within an organization that can be safe if it's, you know, a seven percent-- that $8 billion represents seven percent of our operating revenues, not Medicaid, but overall operating revenues. But that's the genesis of the--

CHAIRPERSON RESTLER: [interposing] We hear often as local Council Members from safety net hospitals that are struggling that are dependent on state support. You mentioned 25-odd hospitals in New York City that receive additional state subsidy, you know, above and beyond the services they provide, or the reimbursement for the services they provide. There are a number of hospitals that are we are very concerned about their health and stability. You know, in this bill they created a rural hospital fund. I didn't hear about an urban hospital fund. In your modeling, have you begun to look at a hospital by hospital or health system by health system basis to ascertain who's most vulnerable? What are service areas that are at most risk of elimination? What

hospitals are at greatest risk of closure? Is there any more insight that you can share with us so that we can begin to plan and prepare and advocate for those safety net institutions?

ELISABETH WYNN: Yeah, well, I think you, you know, you just gave the answer, right, which is all hospitals will be impacted by these changes, the safety net hospitals that have the highest percentages of Medicaid and Essential Plan enrollees will get-- will have the most direct impact. And so we are very concerned about them. They are also subject to the limit on state-directed payments. That is the program that New York State as well as New York City have used to help fund safety net hospitals and provide that additional financial support. And so that's essentially capped now for the next couple of years, at least that vehicle. So, we'll need to try and identify some alternative funding supports that can be used to backfill any losses. That's the population that's most concerning. But it is-- you know, it will affect all hospitals and all New Yorkers.

CHAIRPERSON RESTLER: And you know, we only have one congressmember from New York City who's

a member of the Republican Party who voted for this legislation, but have you done any particular modeling on Staten Island College Hospital on Rumsy [sic] to understand just how devastating this legislation will be for the hospitals that serve congressmember Maliotakis' constituents?

ELISABETH WYNN: We've shared some of that information with the hospitals for them to, you know, pass that information along. I know that, you know, Richmond University Hospital is one of the safety net hospitals that receives state-directed payments. And so they are of particular concern for us.

CHAIRPERSON RESTLER: Okay. Last question I would love to ask, and I'll pass it to a couple colleagues, is around Albany. What are your-- I know that you've spoken today and previously to some of the federal advocacy that's ongoing to try to soften the blow of this devastating legislation, but as we look to the budget cycle ahead, what are your top priorities for this upcoming session and budget, and for Council Members who are most invested and concerned about the stability of our safety net hospitals? What do you think should be the key

priorities to help them stabilize and avoid closure and service reductions?

ELISABETH WYNN: Yeah. So really piggybacking off of our federal advocacy focused on trying to stem the impacts of the loss of the managed MCO tax, right, and that provides direct support for hospitals. There was a 10 percent outpatient rate increase that went into effect this year. There's also supposed to be a new quality pool and $300 million in operating support for safety net hospitals through what's called a safety net transformation fund. All of those investments are critically important, and to the extent there's a loss of federal funding, it'll be a priority for us seeing Albany continue those. And so really, you know, trying to essentially backfill any federal reductions and try and mitigate the impact on New York.

CHAIRPERSON RESTLER: Okay. One more question from Chair Narcisse. Then we'll go to Council Member Brewer, Council Member Avilés, and then Council Member Hanif.

CHAIRPERSON NARCISSE: Okay. While we're on the MCOs-- HR1 rescinded federal authorization for managed care organization tax contribution which are

tax contributions that New York uses to fund a portion of the state Medicaid program. In the past, roughly $1.6 billion in funding was derived from this MCO tax contribution annually. Now that this program authorization has been rescinded, how will this impact safety net hospital losses?

ELISABETH WYNN: Yeah--

CHAIRPERSON NARCISSE: [interposing] The budget-- do you have any estimate by any chance? My question si do you have any estimate that for how the state will cover these losses?

ELISABETH WYNN: Yeah. So, I mean, that is-- that's exactly the concern, right? So, as I just mentioned it's about, you know,-- the MCO tax did provide a 10 percent rate increase on hospital outpatient services which is really critical for addressing the Medicaid under payments that New Yorkers face and that is particularly true on the outpatient side, and there is also $300 million in operating funding to help partner safety net hospitals with stronger partners, whether they be health systems or payers or others, and really put them on a more financially sustainable path. Those investments were critically needed, and we, you know,

are very focused on making sure that they are sustained. Our preference would be for the Trump administration to allow New York to keep the tax revenues for the next three years, give us a glide path. So that's the first push and, you know, part of our focus in Washington right now.

CHAIRPERSON NARCISSE: The power's in Washington. What specific services-- what specific services or department that you feel like since we're going to hit hard-- what are the services that we're going to lose like in the forefront? Do you by any chance--

ELISABETH WYNN: [interposing] Yeah, I mean, historically clinic services and behavioral health have usually, you know, kind of rise to the top unfortunately when hospitals are looking at service closures, and that's due to the fact of the, you know, very severe underpayments for those services. So that is a concern.

CHAIRPERSON NARCISSE: Thank you. We have heard from staff that attrition is already high due to low pay and high workloads, right. Do you think cuts will add to that?

ELISABETH WYNN: Cuts will be, you know, born out of the impact of HR1, right? We're all grappling with the fallout from the bill and doing our best to try and minimize the impact on New Yorkers whether it's our patients or our workers.

CHAIRPERSON NARCISSE: It's unfortunate, because the nurses are complaining a lot. They over work. The workload is killing them, and now we have this, and I'm very concerned that whenever we're losing services-- usually in the Black communities, maternal health is a problem for us. Mental health is a problem for us. With cuts of this magnitude, what steps can hospitals take to retain skilled nurses, doctors? I'm asking you a hard question. How we going to hold them? What are your recommendations--

ELISABETH WYNN: We're going to do--

CHAIRPERSON NARCISSE: [interposing] if you have any?

ELISABETH WYNN: We are going to do our best, yeah. We're are going to do our best.

CHAIRPERSON NARCISSE: Thank you.

ELISABETH WYNN: This actually-- I mean, attrition is actually very expensive for hospitals,

right, because you have to find new staff, and it is definitely in our best interest to try and preserve and maintain as much staff as, you know, as we possibly can. Retention is important to us.

CHAIRPERSON NARCISSE: Thank you. Chair?

CHAIRPERSON RESTLER: thank you so much, Chair. We'll go to Council Member Brewer and then Council Member Avilés, then Council Member Hanif.

COUNCIL MEMBER BREWER: thank you very much. Couple questions. First of all, from the Mayor's Office not showing up, I just want to point out, I live with a lot of foster care kids and a lot of migrants. They're in my house every single day, and I want to say the City does a lot for them, and yet, we never-- they should show up and tell us what they have doing right. I could make a long list for them. And then of course, all the things that they're not doing. But just-- hello, City, you should at least be here to say there's a lot of good things that you're doing, but hello, you should show up. Number two, having been the person in Washington for Mayor Dinkins, I am also wanting to know the question for the Mayor's Office in Washington called Federal Affairs, what groups do you work with in

D.C., because I know in some cases you're not working with all the groups that you could work with. Happen to know that for a fact. So just a couple of comments along those lines. When--

CHAIRPERSON RESTLER: [interposing] And Council Member Brewer, just for your awareness, we did invite the Office of Federal Affairs to testify--

COUNCIL MEMBER BREWER: [interposing] Oh, I know.

CHAIRPERSON RESTLER: specifically.

COUNCIL MEMBER BREWER: I know. I know. I listened to you earlier, sir. So, I was on-- I'm aware of it. I'm just point out what they could have talked about. The issue with WIN and to the credit of Christine Quinn talks about taxing the rich. I must admit I don't know how else we get some of this funding. So I wanted to know IBO's position on that, whether that's something that you think makes sense, and then second for the hospitals, I know this is a small program, but I love B-HEARD, and I want to know would that be one of the things that would have to be cut, and the same thing with school-based health care. Those are my questions. So, tax the rich, B-HEARD, and school-based.

MARLA SIMPSON: Council Member, as you know, IBO does not specifically take a position on changs to tax levels here in the City. We are obviously looking at as we do every year the composition of the City's revenue base and including all the tax sources, particularly in connection with the November Plan. We will report on trends in that area. We don't have specific recommendations to make, but certainly I'll ask my colleague to speak to the issues on B-HEARD and some of the other programs.

COUNCIL MEMBER BREWER: Okay, thank you.

SARITA SUBRAMANIAN: Yeah. As I mentioned before, IBO does have a report that we're in the process of finishing up. Looking at the rollout of B-HEARD, looking at the increased call volume that has been processed by those teams, and also thinking about, you know, operationally the composition of teams as well as the capacity to staff up the program if it's considered for further expansion. So, that's something that we're definitely tracking very closely. We reported on the cuts to B-HEARD in the prior year through our PEG reports. So, definitely an issue that we're tracking closely.

COUNCIL MEMBER BREWER: And school-based health care, is that something also?

SARITA SUBRAMANIAN: Yeah. So, we actually are also looking at school-based health clinics, and we have a separate analysis looking at the services that those health clinics have provided to students. And so that's something we're also tracking really closely.

COUNCIL MEMBER BREWER: Alright, thank you.

CHAIRPERSON RESTLER: Council Member Avilés.

COUNCIL MEMBER AVILÉS: Thank you, Chair. Alright. Won't do that again. Thank you so much, Chairs, for hosting this meeting. I just want to echo how infuriating it is to not have anyone from the administration sit here, and this is a topic that we have been hammering for many, many months since the Trump administration and have been met with silence, lack of plans, and I dare say utter incompetence while gaslighting New Yorkers and telling them they actually care about working class people. We will remember shortly. But I want to thank you all for your work and being here. I'd love to know if you

could speak a little bit about particularly from IBO's perspective-- actually both of you. First, if you could identify a little bit more specifically impacts on youth and children, and then I would like to hear a little bit more from IBO specifically around NYCHA, an entity we've studied much about both management problems, funding problems, but we are in a critical state. And so if you could talk a little bit more about what you assess those impacts would look like and then talk about the youth and families.

SARITA SUBRAMANIAN: Sure. So, I'll start with youth and families. That's something that we are looking very closely at. There is obviously Medicaid funding that the Department of Education receives to serve students with disabilities, and that's something that we've been tracking for, you know, many years, and that revenue has been declining over time. It was closer to about $100 million and it's a little bit-- actually, it's north of $100 million at some point. So, and in terms of children and families, for sure access to health care, as I mentioned. You know, school-based health clinics have played in a really critical role for students who don't have access to health care otherwise, and

that's an area that we're-- like I said, we requested from the state. And so we're looking into the number of students that have gone to school-based health clinics to receive different services. That's something that we're tracking. As well as access to food. I mean, that's something that we re closely tracking as well. The cuts to the USDA that have happened, as well as the FEMA-related food money, that putting a lot of stress on food pantries that a lot of New Yorkers rely on. So, you know, some of those cuts have been put on hold and others have been cut outright. So that's definitely something we're also tracking.

COUNCIL MEMBER AVILÉS: In the data, do you have any specific data around children in particular, impacts on children in particular, outside of just school?

SARITA SUBRAMANIAN: I don't think off the top of my head I can pinpoint something specific to children, but that's something that we'll continue to look for.

MARLA SIMPSON: As we look in some of these areas, and I think the one my colleague just referred to in the area of food security, I think

whenever we look at a topic like that and we would lay out what the impacts are-- in this case, coming from multiple federal actions including at the agency level separate from the bill, I think one of the things we could take as a note from you all is the idea that-- well, even if we can use other data, we should be able to give a general picture on who the clients of that program are, who is being served currently, and therefore who the risk-- where the risk levels will fall. And we take your point that obviously while we care about all New Yorkers, the services to the youngest New Yorkers are very critical.

SARITA SUBRAMANIAN: I will add-- it just came to mind, because it just recently happened. But we are trying to get a better understanding of what the impact of the DOE not receiving the super grantee status for Head Start is, whether that's going to mean a shift-- you know, a lot of-- there are providers that contract directly with the federal government, so we're also trying to get an understanding of whether those were also, you know, cancelled or not awarded. So, in particular, I think

around Head Start is where we're currently trying to get answers.

COUNCIL MEMBER AVILÉS: Could you speak to a little bit about public housing impacts?

SARITA SUBRAMANIAN: Yes, we do have another report in our series that's going to be focusing on NYCHA in particular. While so far we haven't-- we don't-- there haven't been any cuts directly impacting NYCHA, but that's something that we are definitely tracking, because they rely on funds, especially for the capital improvements that are so needed in NYCHA facilities. So, among-- you know, we're also tracking HPD as well, because that's another where, you know, 40 percent of the operating budget is federally funded.

COUNCIL MEMBER AVILÉS: Thank you. Thank you so much. Thank you, Chairs.

CHAIRPERSON RESTLER: Thank you. Council Member Hanif?

COUNCIL MEMBER HANIF: Thank you. The Mayor's office not being here is just cruel, something that's been a pattern consistently with this administration. I thank you all for joining us and just all of the data and analysis you've

provided. I want to start by sharing that, you know, I've had Lupus since I was 17, and it was a very tough disease to explain to my family who are limited English proficient, then to understand it myself. However, I've navigated our city's very complex health care system over the last 17 years, and yeah, it's not perfect, and the advocacy I've done for myself and others has brought me here. But I'd like to know what do these cuts mean for people who need regular care and long-term care and access to specialists?

ELISABETH WYNN: That's a very good question. You know, the challenge for health care providers will be doing what we're doing today with less funding, and how do we stretch already very thin resources to ensure that patients continue to have access, and that we address challenges with care coordination which, you know, exists today in our system. And you know, we're-- we haven't found the perfect solutions yet, and having less resources is certainly not going to make it better.

COUNCIL MEMBER HANIF: Yeah, I'm very anxious. I'm very worried. Not for myself, but trying to think of if I was 17 right now and had to

navigate Lupus from the beginning, I would feel really crushed. I'm fortunate to understand English, navigate our transit system and-- but for anyone who I think would be at the start of their treatment process or diagnosis-- and many times illnesses like Lupus are misdiagnosed or not diagnosed at all is a very scary prospect to think about.

MARLA SIMPSON: Council Member,--

COUNCIL MEMBER HANIF: [interposing] Yeah.

MARLA SIMPSON: just to add a note. One of the reasons why IBO's reports that we're working on for this fall are dealing with topics that are a little broader than just the contents of the bill is that there are these regulatory changes that are accompanying programs, both Medicaid and SNAP my colleague referred to, where we're looking at things like work requirements. Now, work requirements in particular can be very difficult to navigate, particularly very difficult to navigate by persons who are suffering from chronic conditions, and obviously in this economy and this jobs market, particularly difficult to navigate for everyone, but that's one of the reasons why we're looking at

regulatory changes in addition to just fall out budget cuts.

COUNCIL MEMBER HANIF: I really appreciate that. want to know what steps are being taken to ensure that the Brooklyn, Queens, and the Bronx hospitals get equitable resources compared to Manhattan? And my final question, what preventive health measures will be taken to reduce emergency room visits? Are we going to see a rise in urgent cares or kind of care systems that are cheap but not where folks should be getting care from? Would love to just hear if there's any thoughts or any anxieties around that.

ELISABETH WYNN: Yeah, the-- as we discussed earlier, the impact on the safety net hospitals is a particular concern of ours. Not only are they going to be grappling with the changes in coverage from the Essential Plan reimbursement changes, you know, higher rates of uninsured, but they are also subject to the freeze on what we call state-directed payments, but that is the vehicles the state uses to provide financial subsidies for them. The-- you know, we understand that New York's program is likely to get what we call a temporary

grandfathering, but essentially allowing them to continue to fund the same level of resources that they're receiving today until 2028, but then after that, those under HR1, they will phase down. The subsidies will phase down to the Medicare rate. In New York, you know, we estimate that New York, that Medicare covers about 85 percent of cost. So that will be-- that's where our, you know, billion dollar impact-- it's not just for the voluntary hospitals, but also estimated impact for H+H and some of the other public hospitals. So that is, you know, very much a concern, and we're going to have to get really creative on finding additional funding solutions and ways of providing resources for those hospitals.

COUNCIL MEMBER HANIF: And then on the bit around like urgent cares or reducing ER visits.

ELISABETH WYNN: So, you know, at the-- the reduced funding and less insurance, right, as New York's uninsured rate-- we have one of the lowest uninsured rates nationally at about five percent. As that creeps back up, individuals will lose access to their regular sources of care, and that's where we usually see rises in emergency room visits, and it's

really-- you know, at this point it seems unavoidable as a result of the changes in HR1.

COUNCIL MEMBER HANIF: Thank you. Thank you, Chair.

CHAIRPERSON RESTLER: Thank you so much to this panel. We really appreciate you joining us and thank you for the-- and I will just make a quick plug. IBO was kind enough to share with me the advanced draft of their H+H kind of fiscal overview and it's really good. It was really insightful, and I really enjoyed it. So, thank you for sharing it. I encourage everyone else to take a look at it when it's released later this week. Thank you all. Appreciate your time. The next panel we'll have up is Michael Kinnucan from the Fiscal Policy Institute, Jessica Zhang from 32BJ, Tori Newman Campbell from 1199 SEIU, and Chad Shearer from the United Hospital Fund. You'll each have three minutes to testify and feel free to testify in whatever order you are so moved. Whoever wants to go first.

MICHAEL KINNUCAN: Alright, I'll start. We can just go in order. Thank you for inviting me. My name is Michael Kinnucan. I'm the Health Policy Director at the Fiscal Policy Institute. The

Medicaid cuts signed into law by President Trump this summer will harm patients and squeeze public budgets across the country, but New York City's health care system is uniquely vulnerable. Approximately 3.5 million city residents receive health insurance through Medicaid and the Essential Plan. Hundreds of thousands of these people may face loss of coverage due to the reconciliation bill. The city's uninsured rate may more than double as the full effects of the bill are phased in over the next two years. Meanwhile, half a million undocumented city residents, the majority of whom are already ineligible for Medicaid in the Essential Plan will face further obstacles to obtaining health care as the providers that treat them are threatened with defunding and fear of deportation makes them hesitant to seek treatment. To meet these challenges and ensure access to care, the City will need to rely on safety net health care providers and especially on New York City Health + Hospitals, but H+H faces several looming threats as described in the previous panel. Meeting these threats will be challenging, but failure is not an option. Our city can and must guarantee high-quality health care to all residents.

In responding to these multiple threats, city policy makers should keep several principles in mind. First, we must invest in primary care. As New Yorkers become uninsured, many will lose access to primary and preventive care and be forced to seek treatment through hospital emergency rooms. That's bad for patients, providers and taxpayers. The city should instead invest in primary care through H+H community clinics, school-based health centers and other sites. We should also explore telehealth and anonymous clinics to ensure that immigrants have access to care. Second, we should invest in our public provider system. New York City is better placed than most cities to respond flexibly and creatively to health care costs because we are blessed with the largest and best public hospital system in the nation. As we ask more of H+H in the next few years, the city and state may need to invest more in subsidizing the system. That investment is worth it. Finally, private hospitals must contribute. New York's hospital system is separate and unequal that some nonprofit hospital systems bringing in hundreds of millions of dollars a year in operating income while other facilities including H+H

struggle. The City should explore ways to redistribute funding from wealthy hospitals to public and safety net institutions to manage this crisis. Thank you.

CHAIRPERSON RESTLER: Thank you.

JESSICA ZHANG: Hello. Thank you for the opportunity to testify on health care affordability issues in the wake of federal budget cuts. My name is Jessica Zhang with the 32BJ health fund. The 32BJ health fund provides health benefits to over 210,000 SEIU 32BJ union members and their families using contributions from over 5,000 employers. As a self-funded plan, the price of health services directly impacts our budget and our ability to maintain affordable coverage with no employee premium sharing and low to no deductibles and co-pays for our members. Hospital prices have increased over 100 percent over the last 15 years, greatly outpacing inflation and compared to a 50 percent increase for the cost of many other goods such as housing, food, prescription drugs and other medical care. Contrary to the assertion by many hospitals, these price increases cannot be explained by that our quality labor costs are increasing financial losses on

Medicaid. Instead, rising prices reflect the unchecked market power that New York's largest and wealthiest hospital systems have amassed through consolidation. Let me be clear here that it is the few large and wealthy hospital systems in New York City that are driving these rising costs, not our public and safety net hospitals. We anticipate that these few systems which already sit on billions in total net assets may use the federal cuts to Medicaid as an argument in negotiations with funds like ours to legislators and to the public for why they require higher prices, when in reality the hospitals receiving the highest prices are also those least at risk from federal cuts. To protect health care affordability for all New Yorkers, we cannot leave our health care system vulnerable to this kind of profit-seeking behavior. This is why we thank you for passing Resolution 822 earlier this year, calling on the state to pass the Fair Pricing Act, and we ask for your support in continuing to raise the Fair Pricing Act to state elected officials as a priority for 32BJ health fund participants and other New York City residents. Thank you.

CHAIRPERSON RESTLER: Thank you.

CHAD SHEARER: Chair Restler, Chair Narcisse, honorable members of the Council, thank you for the opportunity to testify today. My name is Chad Shearer. I'm Senior Vice President for Policy and Program at United Hospital Fund which is a 145-year-old independent nonprofit organization dedicated to building a more effective and equitable health care system for every New Yorker. Our decades of work in Medicaid are well-known, and I call your attention to our website at UHFnyc.org for the proceedings of our most recent annual Medicaid conference in July which included a focus on the impacts of HR1. Those impacts take place over an extended period of time and are wide-ranging on Medicaid beneficiaries, the providers that care for them, the state budget, and the broader economy as a whole. Please see my written testimony submitted electronically for the record for more details on those impacts. But I would like to highlight for the most immediate Essential Plan changes that have already been discussed today. Approximately 225,000 of the estimated 450,000 impacted are residents of New York City. With my limited time, I'd like to focus on three ways council might be uniquely

positioned to be part of what should be a broader mitigating force that can help reduce the negative impacts on HR1 on city residents. H+H's NYC Care program will be an important safety net for New Yorkers that do lose coverage, and it's focus on preventive and primary car could help lessen the uncompensated of high-cost emergency and inpatient visits. The program could benefit from additional enrollment resources and could serve more New Yorkers if it were expanded to include federally-qualified health centers that are the other main source besides Health + Hospitals of primary and preventive care for these populations in this city. In 2003, Council passed a health care accountability law, and DOHMH is now publishing annual reports. As we enter a new landscape with increased uncompensated care, these reports could be a valuable way to monitor where the uncompensated care burden is falling and whether hospital systems are meeting their obligations to the communities they serve. Finally, the way to keep as many people covered as possible is to provide them with individual enrollment assistance and to get them through the new redetermination and work requirement red tape. Additional resources to H+H to beef up the

financial counselor program. Enhance partnerships between hospitals and health plan facilitated enrollers and community-based organization navigator programs, and expanded use of community health workers to focus on coverage retentions could all be ways to make sure that we keep as many people covered as possible. The impacts of HR1 are indeed a crisis moment, and it's during times of crisis when New Yorkers step up to help those disproportionately impacted. At UHF we look forward to working with the Council and all other players in the ecosystem to rise to this challenge. Thank you.

CHAIRPERSON RESTLER: Thank you.

TORI NEWMAN CAMPBELL: Good afternoon members of the Council. My name is Tori Newman Campbell, and on behalf of 1199 SEIU, I'd like to first thank the City Council Committees on Government Operations, General Welfare and Hospitals. And I'd like to pull out some pieces from my written testimony that focus on impact that we have not yet talked about or heard today. New York has long-experienced issues of underfunding in our Medicaid system. Currently Medicaid does not reimburse every full dollar for services. As mentioned earlier, 7.5

million New Yorkers rely on Medicaid to health care coverage. Over four million of those are New York City residents. Medicaid covers a significant portion of all health care services across the City, including 50 percent of all emergency visits, 58 percent of maternal and newborn care, 59 percent of site care, and 63 percent of mental health and substance abuse care. Our hospitals, nursing homes, and home care services will take a hit from these cuts. A question was asked earlier about the impacts on long-term care. According to the New York state health data, 27 percent of nursing homes in this state are located within the five boroughs. 76 percent of the cost of nursing home days in those facilities are all covered by Medicaid funding dollars. There are a total of 28 safety net hospitals located in the city, and many are the only accessible hospitals that many low-income New Yorkers utilize for critical health care services. According to the State Department of Labor in 2021, there were over 213,000 home care workers in this city alone. Medicaid cuts jeopardize home care as an option for the many aging New Yorkers across this city. New York has the second largest health care economy in

the nation. Over 800,000 people are employed in the City's health care industry, representing 18 percent of our local economy according to the office's-- the New York City Office of Talent and Workforce Development. This bill is projected to cut $1.5 million from Medicaid across the state. The sharp increase in uninsured people will put a strain on the city's health system when cost of uncompensated care skyrockets. These cuts also undermine efforts that have been made in the fight to get health care workers higher wages, improve staffing and build a strong care workforce. Registered nurses, lab techs, social workers, and Pas are among some of the most difficult positions to recruit and retain in all health care settings throughout New York City. Certified nursing aides, licensed practical nurses, and nurse directors are some of the most difficult positions to retain in our nursing home and assisted living facilities. And following the pandemic, home care workers, personal aides and speech language pathologists are among the most difficult to retain and recruit as well. In addition to this, the attack on immigration will also have extreme negative impacts on the city's health care system. In New

York, over 36 percent of all health care workers are immigrants, including 73 percent of all homecare workers. I'll stop there.

CHAIRPERSON RESTLER: Thank you. Chair Narcisse, do you want to go first?

CHAIRPERSON NARCISSE: I'm glad that you mentioned about Medicaid is not paying 100 percent anyway. And then the reverse part, Medicare used to pay 70-80 percent or 70 percent, and then Medicaid will cover. So, now, with all the statement which is the true statement of our state of when it come to insurance-- so, now, how in your imagination that we'll be able to deal with the City of New York when it come to folks that uninsured? And they, even with the insurance they had, it was a problem. How you see that? How many people you feel like-- because we have a number that we accumulated. But I feel like the number is not the real number yet for me. And since you working for 1199, how we see how many domino effect that we're going to have? How many people will be without insurance for real?

TORI NEWMAN CAMPBELL: I believe it was mentioned earlier after the Governor's plan now the number is about 450,000 people that will be without

insurance, and as you mentioned, there are a lot of factors that are not accounted for. So, there are, you know-- how can we determine that those are the only people that would be affected absolutely? I think a big piece of this is there are so many services like psych services, maternal health services, that just aside from general health care are going to be squeezed specifically, and we're going to continue to see, you know, the negative impacts of that on our city. You know, we have some of the highest rates of asthma in the nation, diabetes in the nation--

CHAIRPERSON NARCISSE: [interposing] And where are they?

TORI NEWMAN CAMPBELL: In New York City, right?

CHAIRPERSON NARCISSE: And where usually in New York City?

TORI NEWMAN CAMPBELL: In the Bronx, right? In Brooklyn, right? In-- exactly. In communities where a lot of people are low-income, a lot of people of color, and that's going to continue to get exacerbated.

CHAIRPERSON NARCISSE: Okay. that goes for you, 32BJ. We talk about preventive care all the time, right? And we could not maintain preventive care in New York City for most. And if we're talking about now the SNAP is gone more likely for so many people, and this is food, this is the basic need of a human body, right? You need food, right? And most folks not going to have food. So, how preventive care correlate with our health, like, the health that we need, the food that we need? Can you kind of wrap it up for me, because if you don't have food, your body cannot actually process? Then you're going to get sick. And then now you don't have no insurance. You cannot go to the doctor. And even when the doctor send you home, you don't have a home, most of us, we don't have a home. So how we see-- because I get so-- this is a real turbulence in our times that we need to address, and I don't even know where to start. This is a wound that's so bad, you don't even know where to start to touch that body. So, what is-- what are you doing actually in 1199, 32BJ, and all of you? What we doing? What can we do as a city to help the most vulnerable New Yorkers that need insurance, that need food, that need a home, too?

TORI NEWMAN CAMPBELL: As you mentioned, food is a part of life. Our homes, having somewhere to live is a part of the whole picture of us as a healthy human being, and when we start seeing resources taken away to ensure people are eating or accessing, you know, a quality place to sleep and lay their head, that is going to have detrimental effects on your health as a whole. And when you add the issue of taking away insurance, right-- we already know people often don't go to their primary doctor. A lot of people go to the emergency room as their primary care. And when you're adding on top of that removing access to healthcare resources, we are going to see more and more people-- they're going to have-- they're going to experience a lot of negative impacts on their health. Now, what we can do as a city, I think-- 1199 has taken a lot of time to ensure that we're trying to do education. Greater New York mentioned it earlier. We are working in collaboration with them, and our Health Care Education Project to do a community education so everyone understands the impacts of the bill in ways that they can make sure that their voices are heard in settings like this, you know, with your elected

officials so they know that this is not what we want to see as a city. I think also for us, a lot of conversation has to be had with state elected officials and city elected officials on how we can collaborate to fill those holes in addition to the Governor's plan. For example, I think some revenue raisers, some legislative revenue raisers at the state level might be a good way to try to mitigate some of these health care cuts, and just doing coalition building. So, we are all going to the table together and demanding legislation that can help mitigate these issues.

CHAIRPERSON NARCISSE: Anything you want to [inaudible] for 32BJ?

JESSICA ZHANG: Yes. So,--

CHAIRPERSON NARCISSE: [interposing] By the way, how many folks that you have that insured within the 32BJ right now?

JESSICA ZHANG: It's over 210,000 members and their family members. So, our role at the Health Fund is really to focus, be laser-focused on ensuring our members have access to quality health benefit at an affordable cost. That task is not an easy one in our current health care system and market, because of

the lack of any limits on prices or price increases in our health care system. And so, you know, what we're focused on is making folks aware of the cost and the rising cost. You mentioned kind of a lot of other things that we all need to-- like housing, housing costs, food costs to survive. And so our role is really to make sure that health care costs aren't growing beyond the part of the pie that they-- that's required to have good quality care, and so that our-- the union can maintain or sustain wage growth that isn't squeezed out by health care costs. I'll just end with one statistic which is in 2004 health care costs made up 17 percent of our member's total compensation package, and in 2022, I believe, that grew to 37 percent. So, we're spending a lot more on health care, and it's kind of squeezing out the ability to afford a lot of other things.

CHAIRPERSON NARCISSE: What I have learned, I don't know about you guys, but I have learned holistic approach to address a person, how the housing, the food, and actually doing preventive care, going to do the doctor. In this picture now I don't see how that's going to happen for a lot of us, right? We talking about basic needs of a body, food.

We cannot even do that. I don't know. This is very scary. This is a real turbulence in our life that I even have the answer. I see you holding-- do you have an answer for me? Something that can help.

MICHAEL KINNUCAN: I don't have an answer, but I do think there's an opportunity right now to take advantage of the current Medicaid 1115 waiver which does provide health-related social need services in the areas of nutrition and housing. It is time-limited, and we know the administration will probably not renew this waiver, but there are financing opportunities out there to support nutrition and housing services in a more integrated approach to meeting the combined physical, behavioral and social needs of existing Medicaid beneficiaries, and we as a city, as a state need to take full advantage of that while those funds are available from the federal government.

CHAIRPERSON NARCISSE: Thank you. Like my colleague said, we're losing congressional seats. We're doing-- losing-- we're losing money. We're losing everything. So, I thank you for your work, for your research, and continue fighting for the New

Yorkers, the most vulnerable. Thank you. Thank you, Chair.

CHAIRPERSON RESTLER: Thank you, Chair Narcisse. Just a few quick questions for me. First, I just want to thank 32BJ for their efforts in reigning in hospital costs, and your leadership has been just incredibly important I think for all New Yorkers, and I'm personally very grateful. I'll start with Chad. I really like the suggestion of expanding NYC Care FQHCs. This was something that was actually discussed when we originally launched the program half a dozen or more, seven, eight years ago now. Have you done any modeling on what the CTL cost would be to FQHCs and how we could think about a planned expansion for the upcoming budget cycle?

CHAD SHEARER: We have not done any modeling of that. I think it is something that has been of interest to the Department of Health and Mental Hygiene as they've talked to folks about, you know, how you might expand to federally qualified health centers. You know, it all depends on the total enrollment and how many people are actually going to use the federally qualified health centers versus the H+H facilities, but it's hard to know

without knowing kind of the end [sic] of people that would be utilizing those facilities what the total cost would be.

CHAIRPERSON RESTLER: Would love to continue a conversation there, and think ahead to the upcoming budget cycles for how we could try and build something out. Tori, just a couple questions for you. I believe I had read-- it might have been in Michael's writing, that 1199 workers had actually benefited from from the Essential Plan eligibility expansion to 250 percent of the federal poverty level, if I have that right. Do you know how many 1199 workers are now potentially at risk of losing their access to the Essential Plan as a result of Governor Hochul's change in policy last week?

TORI NEWMAN CAMPBELL: Not off the top of my head, but I could get you a number.

CHAIRPERSON RESTLER: Okay. Do you have any insight on this? Or am I making up that you wrote about this previous-- that you mentioned this previously?

MICHAEL KINNUCAN: You may be confusing me with Bill Hammond [sic], but no, I don't know.

CHAIRPERSON RESTLER: Okay, alright. I'm sorry about that.

MICHAEL KINNUCAN: I can--

CHAIRPERSON RESTLER: [interposing] Don't be offended.

MICHAEL KINNUCAN: No, not at all. I will just say there's an opportunity for the state to invest in lowering the premiums for those who are due to lose insurance around this, so.

CHAIRPERSON RESTLER: And the other question I just wanted to ask 1199 is Greater New York testified that, you know, based on tradition-- you know, this modeling that's used, was created by the U.S. Forest Service which sounded all very interesting-- I'd like to learn more-- that 34,000 jobs in the health care sector would be lost as a result of this legislation, if I got that number right. Have you-- has 1199 looked at that modeling? Do you understand what percentage of those workers are likely your members?

TORI NEWMAN CAMPBELL: So, our Research Department is currently working on a model to figure out specifically, you know, by our divisions and facilities exactly how many of our members are going

to be impacted. I believe an analysis was done that we've been using. Our number was different. We had 51,000 jobs lost across the state which would include our members and others.

CHAIRPERSON RESTLER: Okay. And I think that her testimony indicated according to their modeling from Greater New York, 34,000 health care jobs and 29,000 jobs in other sectors that would be lost as a result as well. So, but maybe somewhere in between. And Michael I did-- I really appreciate your suggestion that we need to begin to kind of rethink just the basic fee for service model on health care and that when we have a large-- hundreds of thousands of undocumented people in New York City, that may be redescent or fearful of accessing the care that they need, that we need to think about how do we do a better job of bringing care directly to people in ways that are focused on their health rather than our reimbursements, and so I really just wanted to lift that up specifically. And just ask you openly, what recommendations do you have for city government for what we should be advocating for in Albany this upcoming session? What should our

priorities be as it relates to try to mitigate some of the worst impacts here?

MICHAEL KINNUCAN: That's a great question. I would pick out a couple of things. I very much agree with you that we need to be focusing on providing care, right, like even more so--

CHAIRPERSON RESTLER: [interposing] I think I was agreeing with you.

MICHAEL KINNUCAN: than keeping people insured--

CHAIRPERSON RESTLER: [interposing] I think I was agreeing with you for the record, right?

MICHAEL KINNUCAN: Yeah, yeah, yeah. On that note, I think it is time and past time for the state to reconsider the indigent care pool distribution formula to better target that funding to the hospitals that actually served uninsured and high Medicaid populations. I think more broadly we need to focus any incrementally available health care funding toward keeping hospitals open, right? And that might mean trading off against broad-based Medicaid rent increases to really focus funding. There's a major concern about H+H's place in particular in the indigent care pool formula. They

were moved out in the expectation that they'd get a state-directed payment. It sort of-- it's not clear what's happening with that. So, that's a concern. And then ensuring that we're really funding FQHCs and primary care and no questions asked primary care. I think NYC Care is a really, really great program. I also think we've seen enrollment tick down a little bit because the immigrant population served by that program is afraid to enroll in programs like that. and I think we need to really take that problem seriously as we see this sort of mass deportation program expand in New York City. How are we making sure that people really feel safe getting care? I think telehealth is a good way to do that. I think anonymous clinics are a good way to do that. I don't think that enrolling people-- trying to enroll people in a public program if they're-- if they have concerns about that will be affective. So that's what I think.

CHAIRPERSON RESTLER: All incredibly helpful. I really want to just thank this panel for your thoughtful testimony and for being with us here today and really look forward to continuing the conversation in the weeks and months to come. Thank

you. Next up we're going to shake up the subject matter a little bit. We will hear from Assembly Member Landon Dais who's with us online, Jeff Wice, a long-time redistricting and census expert, former DCAS Commissioner Edna Wells Handy from the National Institute for Section 3 Empowerment, and Joe Rosenberg who needs no introduction. Feel free to-- we might have lost the Assembly-- oh. Okay. Y'all feel free to testify in whichever order you're so moved.

JOSEPH ROSENBERG: Okay. Good afternoon. I'm Joe Rosenberg, the Director of the Catholic Community Relations Council. Thank you for holding this hearing. This subject could not be timelier. Catholic Charities of both Diocese have been providing shelter, food and clothing to New Yorkers for more than one century. Like other charitable organizations, we rely on governmental funding to help provide these life-saving services. Termination of federal programs designed to help the neediest Americans create daunting challenges for us and our clients. Take for example our food pantry initiatives. Both Catholic Charities combined operate over 80 food pantries and serve more than 18

million meals annually. We have faced many challenges assisting New Yorkers over the last century, but we currently face a crisis in hunger not seen before. This is due to the rising poverty rate, the skyrocketing interest, increased cost of groceries, the dramatic increase in rents, and of course, the unprecedented federal attacks on many programs that protect our clients. Two of these programs, SNAP and the emergency food and shelter program: SNAP provides funding to address food insecurity for vulnerable Americans. The Congressional reduction of a $156 billion will have significant consequences by increasing the number of Americans who face hunger daily. Not only would it make it more difficult for the household to meet their basic food needs, but it would also lead to broader economic and health challenges, such as an increase in medical issues and hospitalizations. A similar situation exists with the emergency food and shelter program. This was placed on hold by the federal government in March. Now as a result, both Catholic Charities have sustained a loss of over $850,000 each. We are grateful that the City Council created the $15 million feeding our communities

program and awarded Catholic Charities of each diocese $1 million in this year's budget combined with $250,000 awarded to both charities from the Speaker's Initiative. The total among of $1.25 million for each organization for pantries will go far towards combatting food insecurity throughout the five boroughs. Both charities assist thousands of immigrants in New York City with a wide range of legal services, including consultations, pro se workshops and full representation of immigrants. Catholic Charities of the Archdiocese receive notice in late March that 80 percent of our legal services contract with the federal government for assisting unaccompanied minors was being terminated. This resulted in the loss of $4.3 million. A similar unfortunate situation exists with the immigration court help desk and the family group legal orientation program which provided workshops, legal consultations, and pro se assistance in the three immigration courts. The federal contracts where $1.4 million and they were ended by the government in April. The City Council and the mayoral administration recently provided both charities with funds allowing us to assist immigrants and refugees.

These include more than $3 million for the Unaccompanied Minors and Families program and monies for many of these other legal initiatives, and we thank you all. federal budget cuts targeting vulnerable Americans will unfortunately continue for the unforeseen future, but we will work to continue to mitigate this destructive trend. And we thank both the City Council and the mayoral administration for providing indispensable monies to help offset these crippling federal actions. Thank you.

CHAIRPERSON RESTLER: Thank you. If I may, we'll just go the Assembly Member briefly who's online. Assembly Member?

ASSSEMBLY MEMBER DAIS: Good afternoon and thank you for having me. I'm Assembly Member Landon Dais of 77th and I've been ringing the alarm of why we need to focus on the census in the state of New York. I'm glad to see Professor Jeff Wice there and some others, and also want to thank City Councilwoman Julie Menin who's made this a main effort in the City. You guys have a partner in the state, because we cannot afford to lose anymore seats. We cannot afford to have every New Yorker counted. Despite the constitutional challenges from

the federal government that want to limit who can fill up the census, who are purposely in targeting states such as New York and California to alter the congressional maps in a way that would pretty much silence a large demographic that makes up our beautiful city and our great state. We need to come together as a city and a state to fund our census office that's going to go out into the community proactively, not waiting to the year of the census, but this needs to be an annual and yearly initiative with us working together to ensure that the communities feel safe filling out information, that the communities realize how important the census is to them and how it impacts their ability to access health care which you guys are speaking about today, to access education funding and other main resources. Especially as immigration and ICE has come a chilling factor, we need to make sure that those New Yorkers, citizen or not, feel comfortable to be a part of the census process, and by having this office, by funding it an ensuring that we have good partnerships with New York state, and I will continue to urge Governor Hochul to also pass legislation by Assembly Member Michaelle Solages to ensure that we have a state

equivalent to the City office. I just want to say thank you to everyone who is pushing for this, and I want to say thank you to the City Council for taking a proactive measure on this, and just know that you have a strong partner to ensure that New York City and New York State will have a good census outreach and program to ensure we don't lose any funding or anymore congressional seats. Thank you.

CHAIRPERSON RESTLER: Thank you, Assembly Member. And Council Member Stevens was here earlier. She sends her regards.

ASSEMBLY MEMBER DAIS: Thank you.

JEFFREY WICE: Is microphone on? Good. My name is Jeff Wice. I am a professor at New York Law School where I direct the New York Election census and Redistricting Institute where we do training, education and public information on an ongoing basis, all about the importance of the census. I'm also an organizer of the Information New York Census Mobilization Partnership, a statewide effort to work on the census, and I also have the privilege of working on the census from both ends of New York City, both organizing on the census itself and as Counsel to three New York City Councilmatic

districting commissions. So, I've worked with the census before the numbers are taken and once the numbers are in that impacts, as you know, what the numbers play out in terms of funding and representation for the City. There are two books out recently, one by Russel Shortow [sp?] called Taking Manhattan that looks at New York in the 1600s and how New York went from a Dutch colony to one under British control, and another book out by Jonathan Maler [sp?] called The Gods of New York that looks at New York in the 1980s. So, New York is an ever-changing city and New York is still changing, most recently as a result of the 2020 census. New York City gained a population of well over 600,000 people. That's a remarkable number, but it was due in large part to two efforts. One was by the Department of City Planning to undertake a very robust LUCA, local updated census addresses program, that identified every address unit in the City for the purposes of census counting, and the second was the unprecedented $40 million effort that Council Member Menin headed up for the 2020 census on behalf of the New York Mayor's Office. That office at the micro-level made every effort to really count people in a way that's

never been done before. And to create a permanent office, an ongoing office in New York City is so critical. And as Assemblyman Dais mentioned, it is a similar effort to create a state office underway in Albany that New York can truly avoid the kind of loss of congressional representation that we've seen. There are-- there's a lot of uncertainty going on with the census right now. The Supreme Court ruled in 2019 that a citizenship question was legal, but that it could not be asked the way it was presented by the Trump administration. There is every indication now of the citizenship question being asked in 2030, and the challenge that presents is going to be tremendous in New York City because people don't want to respond to the census, to government forms to begin with, and now that we're going to really see the citizenship question before us, as well as attempts to exclude undocumented persons makes it even tougher. If I could have about 30-45 more seconds?

CHAIRPERSON RESTLER: Got a very long hearing today, but if you want to just wrap up with--

JEFFREY WICE: [interposing] Okay, just wrap up by saying that New York-- this saving its

27th, it's last congressional district in 2020 by 89 people, the size of a crowded subway car, let's not let that happen again. We don't want to lose two seats. We could lose four with the citizenship question presented. So, the bill that's before you makes-- it's so much-- it's so worthwhile. I urge that it be passed as soon as possible. Thank you.

CHAIRPERSON RESTLER: Thank you very much, Professor. And Ms. Wells Handy?

EDNA WELLS HANDY PEEPLES: Good afternoon, Chair, and Co-Chair Narcisse and members of the committee. My name is Edna Wells Handy Peeples, and I am the Founder and CEO of the National Institute for Section 3 Empowerment. Thank you for the opportunity to provide testimony in support of Intro 1364 and its reporting requirements on the Director of OMB on the status of all federal funding, specifically those funds covered by Section 3 of the Housing and Urban Development Act of 1968. I sat here and I'm pushing my shoulders back because it's not hearing the crisis that you're hearing. but this law that you're looking at is the opportunity. We can take the offensive to find out where all the money is. Why is that important? We could become

the architects. You could become the architects of efficient government, of effective government, knowing from when the money comes, where it's going, who it went to, who did what, when, where, how, and why. This is why this point in time this bill is of utmost importance. Why when you think of Section 3 you think of NYCHA? Well, you have in this testimony a memorandum from the Law Department that tells you it's not just NYCHA that receives Section 3 dollars. It's the Housing and Urban-- Housing Preservation Department, Small Business, Emergency Management, the Environmental Protection, Parks and Recreation, Education, Design and Construction, the Mayor's Offices of Housing, and I can go on. And this is just Section 3. This bill will allow you to see the dollars flowing, all federal dollars flowing to all of the agencies and that way you can then follow the dollars. Knowledge is power here. I'm going very quickly, but I just wanted to tell you that in the testimony you have a blueprint for-- it's one thing to know where the money's coming from. It's another thing to track it. There are already mechanisms in place to track the dollars. We have-- OMB has a capital tracker. NYCHA has a capital tracker. Parks

has a capital tracker. You put those trackers together, you and your constituencies can then identify where the money's coming from. There's monthly reporting. What are we doing with it? On the ground there are ways in which to look at who can do what, when can they do it. We are piloting a program with Gowanus where we're piloting what we're calling the individual employment plan. What are your skills? What are your desires? Where's the gap? Helping those identify the gap analysis, we're doing that in Gowanus, and it would be lovely to do it in other districts. So, we're up to meet with you on that. again, I know I'm doing this quickly, but I just want you to know, it starts at the very beginning. You have in your packet a picture that I took on a playground that talked about prevailing wage. We could have a similar signage that says this is a federally-funded project. This is a section 3 project. Here's a QR code that you could follow for the applications. We could follow the contracts. We can follow where the money has gone or has not gone. So, I-- in conclusion, I really applaud you, Chair and other members of the Committee, for your leadership around this. it's not just because I was

DCAS Commissioner or because I was the first Acting Director Chief Compliance Officer for NYCHA or I was part of the NYCHA monitor team. It's because I grew up in the Marcy Houses, and had I known about Section 3, I would not have only been the CEO of my NISE, I'd be the CEO of Eternal [sic] like Marcy Houses Construction Company. And so letting everyone know here is the money, where it has gone will take this-- the intended beneficiaries from the under low up until the middle and beyond. So, I thank you for the opportunity to testify, and I really hope that we pass this.

CHAIRPERSON RESTLER: Well, thank you so much for that inspired testimony, and I'll just add one other element to your extraordinary resume. The-- and I just found this out last week. The Inaugural Head of the Law Enforcement Investigation Unit that investigated police brutality in the Brooklyn DA's office which was pretty exceptional stuff. So, I-- Commissioner, if that's the right way to--

EDNA WELLS HANDY PEEPLES: [interposing] But you're too late for the-- you're too young for this one. Just don't call me late for dinner. [inaudible]

CHAIRPERSON RESTLER: I remember when you were Commissioner at DCAS. It wasn't that long ago. But I just wanted to ask, as you noted in your testimony, when we talk about Section 3, we always talk about NYCHA. We never mention other city agencies that are subject to these same requirements. Are any other city agencies looking at their Section 3 obligations thinking about this serving as a model, SCA, HPD, anybody at all?

EDNA WELLS HANDY PEEPLES: There are some that are looking at it, and in fact, there is an Office of Section 3 activity in the mayor's office presently. The key is empowerment, not just us the NISE, but empowerment of all those connected to it. Early on, I met with the Director and part of his concern was not having NYCHA, because NYCHA's the big dog, but there are others. And so we think this bill would provide you that opportunity to look at the other seven that I've just mentioned, and there are others who can then bring together all of the Section 3 work, all of the federally relevant work together and then through amassing that information can have the power that we really need to make it work. So, yes, I would wholeheartedly recommend that you look

at the memo that talked about Section 3 for the Law Department--

CHAIRPERSON RESTLER: [interposing] I love this memo.

EDNA WELLS HANDY PEEPLES: And that's why-- you know, that's why I gave it to you. Because it's there, because there's-- the interpretation, agencies are interpreting what they consider applicable like technology. Some are saying technology is not Section 3. Well, some would differ.

CHAIRPERSON RESTLER: Yeah.

EDNA WELLS HANDY PEEPLES: And we would need a very definitive statement about what Section 3 covers, and then you can identify the monies and where it's going.

CHAIRPERSON RESTLER: Incredibly helpful. As I know she's packing up, I just want to recognize the Council Member from Gowanus who is such a champion for Gowanus Houses and I know is really invested in making sure that we create economic opportunity for all of the residents in Gowanus and Wyckoff with the work that's happening there. So--

EDNA WELLS HANDY PEEPLES: [interposing] It was scheduled to me, so this is great.

CHAIRPERSON RESTLER: Good. Well, that is exciting. So, with that, I just want to thank this panel. I really appreciate y'all joining us today and sharing your expertise. Thank you for being with us. Okay. Next up-- we're going to try and keep this thing moving. We have a number of people who are going to share their personal experiences, and I want to thank them for joining us in advance. Elizabeth Mackey, a safety net activist and a member of Vocal New York, Diana Ramos, safety net activist and a member of Vocal New York, Calvin Michael, UJC Safety Net Project, Jujuan-- can we fit five? We'll do five. Okay, and Jujuan Bowens who I believe may have somebody joining him at the panel. And I just want to apologize in advance for anybody's names who I may have butchered or mispronounced. I try my best. Anyone who would like to begin, go ahead. Go for it. Hit that button down on the-- there you go. Perfect. Then we can all hear you.

ELIZABETH MACKEY: Good afternoon, everyone.

CHAIRPERSON RESTLER: Good afternoon.

ELIZABETH MACKEY: First of all, thank you for having this hearing. That's one. Sorry that a lot of-- well, majority of all the Council Members are not here. It's a little disgrace that the general Social Service Department is not here, but we going to move forward with our testimony, because our voice need to be heard. So, again, like I said, good afternoon. My name is Elizabeth Mackey, and I'm a leader of Vocal New York and a member of the Safety Net Advocates, COC and among other organizations. Today, I'm here to speak about how the Trump health care access to Medicaid and Medicare will have an impact not just on me, but for all of us that uses these insurance to go to the doctors, specialists and other related medical care. Trump's cut will kick 1.2 million people off their health insurance in New York. These cuts will have-- sorry. These cuts will have a real impact on everyday New Yorkers, and we are here to discuss those impacts. Trumps cuts will make this here New York City a place where people will die. Over a million people will lose their health care, and losing their health care is a human tragedy. People will miss out on the needed care if they get sick, if they need medication, if they have

an urgent care appointment. What then and how will that be managed? Health care is a human right. Over a million people lose-- over a million people will lose their health care and it is wrong. People's ability to see a doctor and stay alive shouldn't depend on whether they are rich or poor, but that is what the cuts is mentioning. These changes will result in a massive decrease in funding New York health care system. Medicaid has played a vital role in ensuring that people experiencing homelessness can access comprehensive care and essential services to address chronic conditions. This includes coverage but not limited to medication, inpatient care, and behavioral health treatment. Medicare is justice. Medicare is health care, public safety, recovery, public health education, stability, and family. Medicaid and Medicare is a human right, and I pay into my Medicaid. I also have Medicare that every month that they take out premiums. So, at the end of the day, what they're doing is wrong. I have a neuro condition, and my neuro condition consists of me having medication. So, if they cut that, I don't know what that would look like in real time, but I do need my medication. I do need to see my specialist

on a monthly basis. These are things that I need to survive, and if those cuts take place, then what's going to happen. You know what's going to happen? Y'all going to see a whole lot of dead people, sick people in the street. And is that going to be right? No, it's not. So, I'm asking for the City Council people, the government agency, work out a plan that is going to save us to save the people of New York, because this plan they call the Beautiful Bill-- people call it the ugly bill. I call it a dysfunctional bill, because it's not helping me or my community. Thank you.

CHAIRPERSON RESTLER: Thank you so much, Ms. Mackey, and I've seen you in action before and just have a great deal of admiration for you. Thank you for joining us today, and I couldn't agree with you more. You know, that's the purpose of this hearing is for us to start that process to plan and prepare so that we can try and prevent the worst impacts from these cuts from people dying in the streets, from people losing their health insurance, from people starving from impacting New Yorkers in need. Thank you very much. Yes, sir?

CALVIN MICHAEL: Can you hear me now? Okay. Good afternoon, City Council Members. I am very grateful to be here to testify in front of you for the General Welfare hearing, and I'm very happy to be able to express my personal experience with what's been going on. I am in active for the Safety Net Project activist. I'm also a CityFHEPS voucher recipient who was formerly homeless for seven years. I receive Medicaid benefits, SNAP benefits, Medicare benefits, pretty much the whole gamut of what they're about to cut, okay? I want to talk today about the cuts that are threatening our survival in regards to housing and food, along with all the other things that are going on in our lives. Now, there are looming federal cuts that we have to worry about, our basic survival needs being threatened. People are getting hit from all sides right now, Medicaid, Medicare, housing, food, [inaudible] with SNAP [inaudible]. We're under attack with these federal cuts. You know, people-- 1.2 million people going to be off their health care insurance. I don't want to repeat some statistics that already been quoted, but it's the truth. Millions of people being kicked off of their health care. It creates a sense of

hopelessness and fear. We're in fear for the vital things in our life. We need to be able to survive. People who have been in the shelter are scared of going back to the shelter after having gotten out of it. You shouldn't have to live with that kind of fear. The thing that scares me the most are the cuts to the housing and affordable housing vouchers. Trump has proposed cutting approximately half of New York's federal housing budget which funds Section 8, public housing, NYCHA, supportive housing. All the major housing bastions that New York City has is being threatened by these cuts, okay? Massive cuts. They're being done to homelessness programs. I was homeless for seven years, three years in the shelter at Clark Thomas Men's Shelter. When I was in the shelter I survived on Medicaid, I survived on SNAP just to get by. Okay? [inaudible] about CityFHEPS. CityFHEPS is a proven effective program that helps and must remain fully funded. We need CityFHEPS program to continue to help people who are homeless to get out of the shelter and [inaudible] people facing eviction can stay in their homes. Commissioner Molly Parks stated that federal cuts would maybe cause cuts to the CityFHEPS program. We

don't want that. We want that to remain fully-funded. Okay? Also, too, I want to make a note of the PHEPS [sic] program as far as the 10 percent increase that took it from 30 percent to 40 percent income. City Council must pass that legislation to keep it capped at 30 percent. Make it affordable for people who are on CityFHEPS. Okay? Now, SNAP-- I don't want to go too much into SNAP. It's being cut. I mean, there are 41,000 immigrant non-citizens that will be losing their SNAP, things of that nature. Then the thing about it, the most part are the work requirements that are now put on SNAP and Medicaid that make it unfair for people who are receiving these particular things. Now, I just want to end with recommendations with this, recommendation for the City Council. Advocate for implementation of state systems that reflect the realities of people experiencing homelessness and ease administrative burden. Advocate for state policies that will ease implementation of work requirements and other maximized exemptions for unhoused individuals. Encourage the state to increase communications about Medicaid enrollment and compliance, and complement processes with citywide initiatives. In closing, I

would just like to say the federal cuts are coming down, coming up, coming down horizon for New York City. You as City Council must be ready for repercussions regarding these cuts and how it affects us, the homeless and the disabled. Please take care in your law-making, City Council, okay?

CHAIRPERSON RESTLER: Thank you so much.

CALVIN MICHAEL: There's a treacherous road with Trump at the helm [inaudible] threaten our livelihood and our survival. That's what I have to say. Thank you.

CHAIRPERSON RESTLER: Appreciate it very much. Just want to make sure that everybody who's testifying today tries their absolute best to adhere to the three minutes. We just have a long list of folks to get through and want make sure we hear from everyone. Thank you.

WENDY HUE: Good afternoon. my name is Wendy Hue. This is my son Jujuan. The reason why we're here is because we are part of the supportive housing program. I just want to tell you just a little bit about myself. I grew up in a very dysfunctional home. So, I did not have the tools that I needed to be successful as I got older, and I

struggled a lot. It led me to abusive relationships, being on drugs, alcohol, things like that, and I still wanted a better future for myself. And you know, I got it. I worked. I worked since I was 14 years old. I pulled myself up, as they say, you know, pull your boots up, your boot straps up. But when I became a mother-- and I have two older children. When I became a mother it became even harder, because I was a single mother most of my life, and which resulted in myself and my youngest ending up in a shelter. They had this great program called Camelot which led me to supportive housing. The great thing I want to tell you about supportive housing is that that huge word support, that's what they did for me. It wasn't just the support of them giving me a home. It wasn't just the support of, you know, knowing that there was somebody else to help me. I found really wonderful people in there who took the place of my mother, my father. I have a support system for my son now. His name is Mr. Bullot [sp?]. He is a wonderful surrogate father, and he's done so much for my son. You know, my son, he's autistic. And I didn't even know he was autistic. He wasn't diagnosed until he was nine years

old, but going to supportive housing, there was a caseworker there who helped me through the system to find all the help and the need that he had-- that he's getting right now, I'm sorry. So, there's a lot of people out there just like me that needs to have this support. I'm no longer working now, because I have mental and physical ailments myself now, but I still need the support as well and so does my son. You know, there's nobody out there really that I would trust to help him, let's put it that way. These people were trusted, good, honorable people tha that helped us to do better, and I'm doing better now, especially my son, and that's mostly who it's for. They'll even help him later on when he wants to move into his own apartment. So, the cuts that they're thinking of doing now, it could destroy people. Like the gentleman said, a lot of people are dying. They're going to be dying from being sick. They're going to be dying from not getting proper mental health, and one who suffers from both-- yes, he said more people in jail. That's right. So, this is why these cuts can't happen. We have to fight them some kind of way, because there's more people like me. I think there's more people like me than

people that can take care of themselves and have no serious issues, you know? And what is this world going to be like if there is nobody to help people like us. We're the little people. We're the ones who suffer the most. So, we have to find a way of fighting the system, so they won't cut these very important programs, because they will continue to help people like my son. He's going to be successful because of the programs. So, just remember our faces, please, because there's millions of people out there just like us. We really need the continued help so we can contribute instead of taking away.

CHAIRPERSON RESTLER: Which organization operates the supportive housing development where y'all live?

WENDY HUE: Say that again?

CHAIRPERSON RESTLER: Which organization operates the--

WENDY HUE: Oh, with WIN.

UNIDENTIFIED: WIN.

CHAIRPERSON RESTLER: WIN.

WENDY HUE: WIN supportive housing of Bronx.

CHAIRPERSON RESTLER: That's great. Well, thank you for being here. One just piece of small good news that I want to share is last week we passed as the City Council a bill to really try to force the Adams administration to fill every available unit of supportive housing. Right now there's 5,000 vacant supportive housing units across the City of New York.

[applause]

CHAIRPERSON RESTLER: We're not supposed to clap in here. The Sergeant at Arms are going to get upset with me. But you know, this is the evidence-based solution for homelessness. This is actually what we need to be expanding dramatically. And the idea that there are 5,000 empty units tonight that people desperately need is just disgraceful. It's offensive, and we're going to fix it. So, thank you for being here today. Thank you for your testimony, and with that we will--

WENDY HUE: [interposing] Oh, I just want to say one thing.

CHAIRPERSON RESTLER: Please.

WENDY HUE: Just remember, it works.

CHAIRPERSON RESTLER: Yes, it works. It works. 100,000 percent it works. Ms. Ramos?

DIANA RAMOS: Good afternoon. Thank you for allowing me to testify. I've been here a couple times. I'll be testifying on SNAP and with Safety Net Activist Safety Net Project. I had a wonderful little speech prepared, but parts of my speech I just did, but then I see the administration isn't here, and that's disgraceful. As someone who receives SNAP and Medicaid, I'm on CityFHEPS voucher. I receive SSI as my income. It discourages me, but then I realize that that's why I do this work. That's why I'm an advocate and an activist, because the Cheeto puff, as I so lovingly call him, has made it so that people like me-- makes it harder for people like me. I'm going to give you a little of my background. I have CPTSD. I'm a diabetic type II. They don't know where my chronic pain comes from so, I fall under that fibromyalgia umbrella. But the most important for me is nutrition, and the SNAP benefits, it scares me, because I'm thinking of my neighbors who have children. I'm thinking of my elderly neighbors who barely eat as it is, because they don't get enough. And I'm thinking about how all of these cuts will

affect these people and having to go to food pantries and communities, you know, community organizations to try to get food. There's inflation. So even what we have right now is not lasting the month, even for a single person. I'm on a very specified diet because of my diabetes and some allergies and sensitivities that I have. Plus, I have PCOS, so I have to have higher protein. It's expensive. It's expensive to get these things. The City really needs to step up, and the fact there is no one from the administration here to listen to this is disgraceful. I could say many, many, many, many lovely words in several different languages to describe them right now, but I won't. It saddens me, but to see that the City Council is willing and ready to make plans to minimize the harm and step up to help community members and New Yorkers, whether it is with housing and Medicaid and SNAP. You know, that gives me courage, and the decision that I made when I came to New York because I needed the benefits to survive, because I wasn't getting them in any other state, but New York has always been a part of my heart. So, I'm thankful that you guys have decided to do that,

because we need it, and that you guys are concerned about the future of New York City, and I thank you.

CHAIRPERSON RESTLER: Thank you so much, Ms. Ramos, and thank you for everything you've contributed to our city. Thank you all for joining us. We really appreciate your time and your expertise and your insight. It means a lot. Next up we are going to hear from Heidi Kinney from WIN, Zeltina Gibbs also from WIN, Will Woods from Care for the Homeless and Urban Pathways, Betram Weston-- or Bertram, excuse me, I could have gotten that one-- Bertram Weston from Care for the Homeless and Urban Pathways, and Ms. Flowers from Vocal New York and many other affiliations as well. And feel free to testify in whatever order y'all are so moved. It's good to see you, Flowers. Alright, who's going first? I don't know. Y'all pick. Alright, Flowers will never miss an opportunity. Hit that silver button down there. Perfect.

NATHYLIN FLOWERS ADESEGUN: Is that it? Greetings, Council Members, friends and enemies. I am Nathylin Flowers Adesegun. Everyone calls me Flowers. I am a leader at Vocal Homeless Union in New York. I'm a member of the NAACP, National Action

Network, Democratic Socialist, and the Working Families Party. This button is authentic. I was with Martin Luther King at the March on Washington in 1963. It used to be white. So, this is 62 years old. That's how long we've been fighting, but we know it works. When we marched in '63 and '64 we got fair housing. In '65 we got the voting rights which didn't really go into effect until '68, and we're fighting 'til today. So, I-- you know, talking about the cuts, I got them. They sent me a letter. I have been cut. Therefore, I want to read this to you. It says from Social Security. I'm on SSA, my worker's benefits from when I retired in 2010. "We're writing to you about your social security benefits. What you should know: the State of New York will no longer pay your Medicare Part B medical insurance premiums after July 2025. You must pay the premiums starting August 2025. If you disagree or have questions about this state's determination and paying the premiums, please call the State Medicaid Office. If you recently received a notice from the State Medicaid Office telling you that you lost benefits, follow the instructions to the notice about the best way to contact them. What we will pay and when: We pay

social security benefits for a given month of next month. So, example: social security benefits for March are paid in April. You will receive-- you will receive this money for September 2025 around October 3rd. After that you will receive another amount on or about the 3rd of each month." They took $370 from my benefit amount. If I pay-- I'm also on CityFHEPS, and if they take this money, I will have less than half left to live on after I pay my rent. That is why I wanted you to know what they said. "We deduct Medicare medical insurance Part B premiums one month in advance. We are deducting past-due premiums of $370 from your payment. If the deduction of past-due payments causes a financial hardship, ask us about options for financial relief." Part two: "When we figured the amount of your payment, we took into account all your medical assistance previously which were already paid or still due through September. We will start to deduct the Medicare Part B medical insurance premiums of $185 from your payments. If you want to cancel your Medicare Part B, phone or contact us. If you cancel your insurance, the date your coverage-- the date your coverage stops depends on when you cancel it." So, this is-- I just wanted

to let you know, I got it. I got the cut, and I'm not happy. And this is totally wrong. And maybe we should pull-- I'm speaking for myself. Maybe we should pull the Staten Island defense, the maneuver Staten Island did. Do you remember that? Every time they disagree with something we wanted to in the rest of the boroughs, what did they want to do?

CHAIRPERSON RESTLER: Secede.

NATHYLIN FLOWERS ADESEGUN: Thank you. How much more money does New York give the government federal than they give us back in partial payments.

CHAIRPERSON RESTLER: Yeah. Well, Flowers--

NATHYLIN FLOWERS ADESEGUN: [interposing] We don't need it.

CHAIRPERSON RESTLER: I will say two things. One, we'll call you tomorrow to see what we can do to help on this. And secondly, there is a Resolution in the City Council in support of Staten Island's succession. There are three Council Members on it, two Republicans from Staten Island, and yours truly. So, I'm on board.

NATHYLIN FLOWERS ADESEGUN: Thank you. Because we have the money. We-- Brooklyn alone is the fourth largest city in the country.

CHAIRPERSON RESTLER: No, no, no, no, third. Chicago ain't got nothing on--

NATHYLIN FLOWERS ADESEGUN: [interposing] Thank you. Thank you all for your efforts and work.

CHAIRPERSON RESTLER: Thank you very much. You're up next, sir.

NATHYLIN FLOWERS ADESEGUN: I will continue to fight 'til I die.

CHAIRPERSON RESTLER: And we appreciate you for it. Thank you. It's good to see you.

BERTRAM WESTON: Hi.

CHAIRPERSON RESTLER: That's a tough act to follow.

BERTRAM WESTON: I am a baby. I'm only 57 years old. I just look very young, and I thank you for having me here today to testify and seeing interpreters and-- I'm half deaf, so I'm bilingual. I speak as well. And let me just begin by saying hi, my name is Bertram Weston, and I am lived-experience advocate serving on Consumer Advisory Board for Care for the Homeless. I would like to thank the Chairs

and the committee and all the committee members for the opportunity to testify today on how federal budget cuts will impact unhoused New Yorkers. You guys touched on all of it early on in the beginning. So, I was crying because of that, and I realize that you have our backs and I felt it sincerely. So, I [inaudible] be following too much of what's going on. Other than the fact that federal cuts in Medicaid and SNAP threatens millions of New Yorkers as you already know and you have pointed out from the very beginning of this which brought me to tears, because it lets me know you guys are sincere. And I'm a native New Yorker, okay, from Brooklyn. Homelessness and health is deeply linked to poor health. It is a major cause of homelessness which you all clearly here pointed out, and it makes me feel good to know that you guys have all our backs, and you have, you know, said yourself that you have even passed a bill to support all of us. So, it brings me great joy to know you guys are helping us and supporting those who are struggling. Sorry, I-- my experience with homelessness began due to health-related issues that impacted all my self-confidence, self-worth, and self-esteem. Without my help and the supportive

health professionals, I would not be able to see therapists and counselors or be on the journey that I am to regain my confidence, which I have not. Addressing the health care needs of unhoused communities is an important component of ending homelessness which you guys are all aware of. So, you know, I don't want to repeat the same thing over and over and over and over that, you know, is pretty standard, because you guys understand it. The hospital executives have stood here and explain all of this. So, I just don't want to just be reading to be reading. However, we know that many people will lose access to these services. You're aware of that, too. No need to go into that. I rely on the help of Care for the Homeless which I'm so grateful for, Bellevue Hospital which I'm so grateful for, the men's shelter which I'm so grateful for. Without these services I wouldn't be sitting here right now. I only have one hearing aid because of Medicaid. Medicare, they only provide one hearing aid. I am deaf. I need two hearing aid. I only have one and I'm grateful, but I know somewhere somehow I will get the support for another hearing aid, even if it's not through Medicaid. I believe in that. and I thank

you for having these interpreters here. I am deeply concerned with the adverse impact of these federal change on unhoused communities. I know firsthand that access to Medicaid and nutritional support can be transformative [sic]. There are already so many unhoused people living in the streets and the shelter across New York City and around the country. These changes will push more people into homelessness and make their journey back to stability tremendously harder which I'm sure you're already aware of. How many of you walk down the streets and see people sleeping on the streets?

CHAIRPERSON RESTLER: Yep.

BERTRAM WESTON: How many of you get on the train and see people sleeping on the trains? It's unbearable for me personally, and I want to do something else about it, and I'm glad that I'm able to take this opportunity to urge the City Council--which I don't need to urge you. You already on it. That's what brings me joy. That's why I cried in the beginning. Tears streaming down my eyes, because you care. I know sincerity when I look it in the eye, and you guys are sincere, and I thank you.

CHAIRPERSON RESTLER: Thank you so much. That's such beautiful testimony. Truly appreciate your words. They mean a great deal. Thank you so much, Mr. Weston.

BERTRAM WESTON: Thank you.

CHAIRPERSON RESTLER: Now, that's a tough act to follow. This is quite a panel.

ZELTINA GIBBS: Hello. Life has no remote. We have to get up and change it ourselves. Good afternoon everyone. My name is Zeltina Gibbs, and I currently live in Brooklyn New York in a WIN-established building, Women in Need. I also was diagnosed a few years ago with remitting multiple sclerosis. With medications I am able to be in the remitting stage of the MS. So, without the medications, it's really impossible to continue to strive like I have been in the past few years. I also had homelessness experiences which came from a family tragedy which ended up with my children with nowhere to live, nowhere to go, and no food. However, with the help of the shelter system, I was able to rise above my circumstances and teach my children how to move on and survive. I would like to appeal to those that are already in position to

change what we're going through currently for the better and not for the worst. This is really a critical situation. There are people that don't make enough money to feed their children and their families. Taking their food from them and their food benefits away would only allow their struggles to become more intensified. Now, if housing and Section 8 is forced to end, millions of Americans, disabled as well as handicap, shall suffer greatly. Homelessness is very serious and is very real. For I once was homeless myself, and I believe wholeheartedly that the realness of it will rise undoubtedly like it has never before in our history as we know it. As for me, I remember years ago trying to-- the New York City was trying to improve the level of homeless. Why stop now? We the people have to make a change. I know the country isn't ran on compassion in their hearts. However, it may be good to imagine your own loved ones in a position to need housing, food, or even medicine, medications that may even save their lives. Men, women and children are sick and require ongoing aid and medications and assistance in their everyday living. So let's not hve a domino effect. Most things are

happening already. One thing leads to another. If our assistance is stopped, how will we then survive? Always remember in God we trust.

CHAIRPERSON RESTLER: Thank you so much.

HEIDI KINNEY: Hi, my name is Heidi Kinney and I reside in a WIN building as well in Brooklyn. With all the cuts to Medicaid and SNAP and Section 8 housing, Medicare, 401Ks even, it's taking away so much from opportunities from people that are already down on our luck. I don't understand why they just want to keep pushing us down further and further. They need to be able to increase and help us bring ourselves up instead of constantly walking on us. I've lived in many houses in Michigan. That's where I originate from with my children. We came to New York on a safety transfer for my children and myself, and if it was not for the shelter system and supportive housing, I know that we would not be in a safe situation like we are now. We wouldn't be able to financially be able to continue. I would-- my children would probably be living with family members, but in New York City, it takes almost $300,000 a year to support a family of four, and I don't even make close to that. So, without these

services and benefits there's no way we would make it, and I know that has a lot to do with a lot of families throughout New York City. There's millions and millions of us out here, and we're still struggling even with the assistance, but it would be so much, so much worse if the assistance was completely gone.

CHAIRPERSON RESTLER: Thank you, truly. Mr. Woods?

WILL WOODS: How you doing? Excuse me. I'm Will Woods. I'm a lived experience advocate serving on the Consumer Advisory Board for Care for the Homeless as well as on the Board of Directors. It's good to see you again, Council Member. It seems like this is an annual practice for me to sit in front of this committee and testify. Bertram, my colleague Bertram mentioned many of similar points that I had-- wanted to add. I know personally poor health caused my interaction with homelessness, and I know that experience of homelessness can either create or worsen existing health conditions. That access to Medicaid means access to medication. It means access to inpatient care. It means at least attempt access to behavioral health services, you

know, and so much more. And usually for folks like me, that's the only way that we can do it. You know, I've testified before to issues with the current ways that we do things, you know? And that's always ongoing. Just in the last several months having my case closed because I make too much money in my part time job or for not submitting documents, even though I use all the portal available, or my personal favorite, having my case closed because I was institutionalized. If we're having these problems now, these proposed cuts are just going to make a horrible system that much more inefficient. We're already dealing with understaffing. We're already dealing with underpayment. We're already dealing with hurdles in the existing system, adding working and administrative requirements will simply exacerbate the problem. The other concern is the fact that these type of changes on our communities, that it just perpetuates this cycle of poor health and housing insecurity. It's something that we keep dealing with over and over and over. Inevitably, the goal posts keep getting moved in one direction or another. And frustratingly changes to Medicare funding will impact how community health centers and

how supportive housing projects spend their money because they're going to be recouping less and less for every dollar they spend. Folks who have spoken earlier about chronic health conditions, you know, and how difficult it is to even get [inaudible] let alone specialized care when you're experiencing homelessness. Chronic disease killed my sister. There are days during [inaudible] where I feel like it's going to take me too. And my situation is imminently more stable than others in my community. Most folks experiencing homelessness are operating their lives in a state of-- well, without really the scaffolding or the safety nets that are available to other people. So, the question is, as we keep doing these changes, these proposals go through and they're not accounted for, are we just going to be willing to drill holes into the few remaining supports that people like me have left? I know you know this. I know you're sympathetic, but just a reminder to keep our voices, you know, impactful and at the center of these city-level budget and policy discussions. And hoping to, you know, really just put voice and face and actual power behind the things that we're asking

and remain committed to our health and safety and our dignity.

CHAIRPERSON RESTLER: Mr. Woods, you are welcome back at the Governmental Operations Committee anytime you want. That was exceptionally powerful testimony, and I really just want to thank each of you for joining us. I got to go to the next panel--

NATHYLIN FLOWERS ADESEGUN: [inaudible] Okay, Council Member, may I say one thing? The sister reminded me. I lived in a homeless shelter for five years. Got so sick I had to get a blood transfusion. The food was so bad, my blood got so low. Never before in my life. And then because the CityFHEPS I got an apartment I can afford. So, please, we're begging, we're praying for all of you, that we all do all we can and save our city.

CHAIRPERSON RESTLER: You all make an exceptionally persuasive case, and I really truly appreciate you taking the time and sharing your expertise. Thank you. Okay, we're going to move to the next panel. We have Carolyn Cowen from the Chinese American Planning Council, Kim Moscaritolo from Hunger Free America, Andrew Perky [sic] from the Fiscal Policy Institute, Abby Biberman from NYLAG,

and Alison Wilkey from Coalition for the Homeless. Thank you all for joining us. Whoever would like to go first.

ALISON WILKEY: Yeah. Hi, good afternoon. My name is Alison Wilkey. I'm the Director of Government Affairs and Strategic Campaign with the Coalition for the Homeless. It really feels like we are standing at the edge of an abyss of total catastrophe. It is not just the funding cuts in HR1. It is that coming on top of cuts to federal grant funding, and it is the fact that we are staring down the barrel of potential cuts proposed by the Trump administration to housing and to HUD programs. To give you, you know, a couple of examples here. You know, a lot of people have talked about the SNAP cuts and the potential that 300,000 people will lose some or all of their benefits, so we will see increased need on food programs in the food safety net. But at the same time, programs are seeing cuts. So, our Grand Central Food Program which hands out a thousand meals a night in New York City had our funding cut. Not all of it, but a portion of our funding, because we were receiving FEMA funds through the Emergency Food and Shelter program, and as

someone else mentioned, those funds were cut in February. And so, you know, we'll have-- we expect to see more people needing that emergency program at the same time that we are also dealing with that funding loss. You know, other things that are on the horizon, cuts that have already-- we've already seen it is the cut to the emergency housing voucher program. Other people have talked about that. that funding is ending at the end of two-- this year, 2025, and NYCHA has announced a plan to switch people over to Section 8, and we support that plan, but that still leaves about 2,000 vouchers that run through HPD, and HPD is in shortfall on Section 8. They do not have the ability to transfer people over. The City needs a plan to keep those people housed. Those are extremely vulnerable people who got EHV vouchers. They're very low income. They will not have other options, and the city really needs to put forward a plan now, because that funding is ending by the end of 2025. You know, we're also just looking down the barrel of President Trump's proposed budget, you know, which would cut HUD funding by $30 billion. It would consolidate a lot of programs into block grants. That includes funding that we receive for

the housing opportunity for persons with AIDS program. New York City receives a lot of funding. We run, you know, 66 units of supportive housing, and 30 percent of that funding comes through the federal government. If that program is consolidated and if the imposed two-year time limits as has been proposed, that would be devastating to our programs. So all of these cuts are just coming at once. The city needs to have a plan. I do want to note that we support all of the legislation on the calendar today. I do want to speak specifically about Intro 1372, about rolling back the increases. It is important the City Council move on that as quickly as possible and roll back, because this is not the time to be putting more people at risk of homelessness.

CHAIRPERSON RESTLER: Thank you so much, Alison. That silver button at the bottom.

ANDREW PERRY: Oh, I apologize. Thank you very much for the opportunity to testify. My name is Andrew Perry. I'm the Director of Fiscal Research at the Fiscal Policy Institute. I'm going to talk with the OBBA and SNAP which will impose both fiscal cost and more worryingly the loss of benefits for current enrollees. So, the bill makes two major

changes to the federal funding for SNAP. First, it requires states to share the cost of benefits for the first. The states will be liable for up to 15 percent of benefit costs, and second, it will increase state's share of administrative costs from 50 percent to 75 percent. These changes will shift up to $1.4 billion in new cuts to New York State. Currently, New York City is only affected by administrative cost sharing which will total about $100 million by fiscal year 2028. This is manageable, but the City lawmakers should remain vigilant about state attempts to shift some of those benefit cost shifts down to the local level. They should also remain vigilant against state efforts to curb the enrollment of SNAP. The more worrying changes then are on changes to enrollees. Older adults age 55 to 64 with no children and all adults under 65 with older children are now subject to SNAP work requirements. Unlike the funding cuts, these affect-- these changes are effective immediately. FPI estimates that 174,000 individuals in this city are at immediate risk of losing their benefits, and in addition-- an additional 264,000 individuals are going to be subject to those work requirements and

therefore at risk of losing benefits. So, that totals 438,000 New Yorkers out of the total 1.8 million who are currently receiving SNAP. 277,000 of those at-risk people are children. So these cuts are going to link to greater food insecurity and have a severe economic impact in neighborhoods that have high concentrations of low-income households. So, the average benefit is $232 per month per individual. So, therefore, the loss of benefits for those at the most immediate risk of losing their benefits is going to total about $500 million per year, and that's really going to come down in relatively concentrated parts of the city. So, you're going to expect pretty great economic pain in some parts of the City. This makes the city's current social services programs all the more important. Now, spending for these programs has been significantly under-budgeted in recent years, and this underbudgeting has particularly affected public assistance and rental assistance which may be underbudgeted by about $2 billion in the current fiscal year. As this underbudget-- we think that this underbudgeting raises the risk that programs will be cut by the City in the event that the city starts to face fiscal head winds where we

can't absorb those higher than expected costs. And so as such, we think the main take away for lawmakers is they really have to be vigilant about safeguarding that currently committed programs, even though those program costs are probably-- are likely to come in above the current funding estimates.

CHAIRPERSON RESTLER: That was very helpful. Thank you so much. Abby, good to see you.

ABBY BIBERMAN: Hi. Thank you for the opportunity to testify. My name is Abby Biberman. I'm Associate Director of the Public Benefits Unit at the New York Legal Assistance Group. My limited time-- and I'm going to start with Intro 1372. NYLAG strongly supports the bill. This bill aligns with federal standards and prevents rent burdens that threaten housing stability. It also counters DSS' harmful rule-change that raises rent contributions to 40 percent in year six. Increasing rent contributions penalizes individuals for maintaining employment while still needing support by plunging them into a state of rent overburden and increases the risk of eviction. Intro 1372 protects vulnerable communities. It promotes long term stability by maintaining the 30 percent cap. It supports

employment. It prevents displacement, and it reduces costly emergency housing placements. And finally, any minimal cost savings to increasing the rent contribution will likely be offset by increased spending on emergency rental assistance and shelter costs. NYLAG is also deeply concerned about SNAP changes that will have an impact on the administration of benefits in New York City and on our residents. Enforcement of the ABAUD [sic] changes, for example, will increase strain on DSS and cause eligible individuals to lose benefits due to bureaucratic hurdles, not necessarily non-compliance. Revisions to the SNAP standard utility allowance pool, also known as SUA, mean that the agency will now have to verify utility bills for most households, leading to delays, miscalculations and wrongful denials of benefits for vulnerable families. Changes to SNAP eligibility for non-citizens will significant impact highly-vulnerable populations while imposing substantial demands on DSS eligibility specialists who must unlearn decades of established regulations and relearn a new, more restrictive set of rules. And finally, the cost shifting to states with payment error rates of over six percent will force the state

to cut costs. This could include making the application process more difficult, increasing fraud investigation, and in more aggressively trying to recover overpayments even when they were not the fault of the recipient. As you've already heard, the Medicaid cuts will increase the number of uninsured in New York City and strain hospitals and clinics with uncompensated care. And finally, the proposed cuts to the HUD budget will have material impacts on housing leading to further degradation of the housing stock of New York City's largest landlord and make it harder for people to maintain their tenancies because of administrative and staffing cuts. It is shameful that the administration isn't here to take a position on the cuts and deeply concerning that they aren't here to present a plan on implementation given the widespread impact that this will have on benefits administration in New York City. I'll refer to NYLAG's written testimony for more on the federal cuts. Thank you.

CHAIRPERSON RESTLER: Thank you so much.

CAROLYN COWEN: Good afternoon. Before I begin, I want to provide a quick content warning for discussing thoughts of suicidal ideation in my

testimony. Good afternoon. my name is Carolyn Cowen. I'm the Chief Policy and Public Affairs Officer at the Chinese American Planning Council, CPC. Like many of the other advocates here today have said we cannot stress the terrible impact of HR1 on the communities that CPC serves. Before HR1 even passed, we have had many community members calling and coming into our community centers asking about what was going to happen to their Medicaid benefits, to their SNAP benefits, to CHIP for their children, to their Section 8 housing and more. Within a week after HR1 passed, I sat down with two staff members who had been sitting with a community member that came in having thoughts of suicide because he was afraid that his SNAP benefits were going to be taken away and that was the only way that he could afford to feed his children. Unfortunately, that's not even the only similar story we have heard. That is the impact that this already having on our community members. Not to mention, the concerns that we have about how providers like CPC are going to be able to support our community members. CPC looked at just one case management database and we estimate that 20 percent of our community members on SNAP are going to

lose their benefits because of this bill. We're also concerned that there will be cuts to the programs that you've already heard about today that allow us to help enroll community members in SNAP, Medicaid and other sources like this. So, we have a couple of recommendations. In addition to many of the things that you heard today, we obviously hope that the City Council continues advocating at the federal level. We hope that you continue pushing the state government to provide protections through Medicaid. We're proud members of the Invest in Our New York Coalition because we know that we have to find the revenue for this somewhere, and we hope the City can look at similar sources of revenue. And then we think it's critical that the City do everything we can to expand the ability of Health + Hospitals, our public providers, to support community members to continue to support community-based organizations that are working with community members that are fearing cuts across the board, because we can't forget the specter of public charge. Not only are community members worried about losing their benefits, they're worried about even having their benefits if they maintain them. So, all of these

investments will at least help stem the bleed that we're seeing here. But it's really critical that the city call for them. So, thank you again for your advocacy.

KIM MOSCARITOLO: Alright, hello. My name is Kim Moscaritolo. I am the State Policy Director for Hunger Free America. I want to thank you for holding this vital hearing. Given that this horrible bill is now federal law, we simply don't think it's likely that any strategy is going to necessarily prevent the worst aspects of this bill. So, we believe we need to really target methods to ameliorate the worst parts of the bill. I want to thank my fellow panelists for really digging into the details of how HR1 will impact SNAP recipients here in New York City. So, what I'd like to focus on here are five really concrete steps that I think the City could take to help make it a little bit easier for folks. First, increasing screenings for disabilities. So given that many Americans, particular limited-income Americans have undiagnosed mental and physical disabilities, the City could work with local nonprofit groups to better screen people for disabilities and help them apply for federal SSI

benefits. If they're found eligible, not only would they be able to receive those benefits, but they would also be exempt form SNAP and Medicaid work reporting requirements. Secondly, it's important to expand workforce development. Increase the use of the federal SNAP employment and training funds which so far have not been cut by the federal government and match that with other sources of federal workforce development funding, as well as corporate and philanthropic sources to train more SNAP recipients for living wage jobs. Third, boost volunteerism. And this is really important because a lot of people don't realize that SNAP and Medicaid recipients can meet their work requirements through structured volunteer activities as well as through paid work. So, the city could partner with nonprofit organizations to set up structured volunteer activities that could in fact meet those work reporting requirements. Fourth, it's really important that we leverage corporate and philanthropic dollars for steps one through three. All of the steps above, including the structured volunteer activities will require more staff support and thus more funding for the nonprofit sector. So,

we believe that, for example, the Mayor could convene a conference with state and local government agencies as well as New York philanthropies, corporations, and select nonprofit groups to create a joint plan to achieve that. and finally, we really need to accelerate the city efforts and the state efforts as well to help eligible households simultaneously apply for and recertify for these benefits digitally. This could help reduce some of the strain on staff at OTDA and HRA. We have long advocated for such digital benefits portals. We're distressed that, you know, Mayor Adams promised to carry out this proposal under the name of My City, but that has been a process of more than three and a half years and more than $100 million with very little to show for it. So, our full written testimony has much more detail, but we believe that those are five really concrete steps that the City can start to take to blunt the worst impacts of this bill.

CHAIRPERSON RESTLER: This is a terrific panel. Really want to thank you for your thoughtful recommendations and insights. They're really helpful. And we will do our best to move on them, so

thank you each. We really appreciate it. It's good to see y'all.

KIM MOSCARITOLO: Thank you.

CHAIRPERSON RESTLER: Next up, Maryam Mohammed-Miller from Planned Parenthood of Greater New York, Sam Stein from Community Service Society, Robert Desir from Legal Aid Society, Eric Lee from Volunteers of America for Greater New York, and Brad Martin of Federation of Protestant Welfare Agencies. Oh, actually, sorry, not Brad. I had get to Bryan in. I apologize. Bryan Ellicott-Cook from SAGE, and then we'll get Brad in on the next panel. I apologize. Unless we lost-- oh, Bryan's here. Good, great. Great. Sam, you want to kick us off?

SAMUEL STEIN: Sure. Alright. Thank you for the opportunity to testify today. My name is Samuel Stein, and I'm a Senior Policy Analyst at the Community Service Society of New York, a nonprofit that promotes economic opportunity for all New Yorkers. as we all know, the Trump budget cuts are already here. The Trump administration has cancelled the emergency housing voucher program five years early, soon to leave roughly 7,700 New York households, most of whom are formerly homeless, soon

to be without federal rental assistance. DOGE has slashed several crucial programs operated by HUD, resulting in nearly 2,000 layoffs. The Trump budget proposal would massively defund HUD, cutting 44 percent across the board and converting key programs like public housing and Section 8 to block grants. The President also proposes eliminating the Community Development Block Grant program which funds such core New York City housing functions as building code enforcements and many City Planning initiatives, and jettisoning the Community of Care which funds long term supportive housing, rental assistance and affordable housing production. The New York Housing Conference estimates that this would result in a $4.7 billion reduction in New York City housing programs. The Council is wise to advance the bills under review today. Passing these bills, however, must only be the first step. The city and state must protect and expand existing programs that they can continue to help house the homeless and ensure tenants remain housed. CityFHEPS, for example, currently houses 47,000 households and the council has approved an expansion of the program, though the administration continues to refuse to enact it. The administration

absent today must drop its opposition and expand this crucial resource. We must also consider new ways to grow state and local revenues in order to ensure that all New Yorkers are housed securely. Ultimately, we all must do everything in our power to stop Congress from enacting the President's proposed budget. Thank you.

CHAIRPERSON RESTLER: Thank you, Sam. That was very helpful.

ROBERT DESIR: Good afternoon. Chairs and members of the committees, thank you for the opportunity to testify. I'm Robert Desir. I'm a Staff Attorney with the Legal Aid Society. The federal budget enacted through HR1 represents one of the most dramatic rollbacks of social supports in our nation's history. It makes permanent tax cuts for the wealthy by slashing Medicaid, SNAP, SSI, and housing assistance, programs that New Yorkers rely on every day. On health care, HR1 cuts $1 trillion from Medicaid and CHIP, adding paperwork and work requirements that will strip coverage from 1.5 million New Yorkers. hospitals will face mounting uncompensated care, some even risk closure, while the state is forced to absorb billions in new costs. For

New York, that means not only the loss of federal fundings, but billions in added obligations just to keep hospitals open and families covered. On food security, SNAP is gutted. With funding cuts, new work requirements, and harsh restrictions on immigration eligibility, over 300,000 New Yorkers could lose food assistance including children, seniors, and survivors of violence. At the same time, New York will be forced to shoulder billions in new costs to keep the program afloat. And on top of these cuts, the administration is moving to slash SSI benefits for nearly 400,000 severely disabled children, adults, and low-income seniors, removing the last lifeline for people who are already amongst the most vulnerable, and leaving the city and state to absorb the human and financial fallout. On housing, budget cuts to a significant portion of HUD resources like imposing arbitrary two-year limits on rental assistance and eliminating programs that have built affordable housing for seniors, disabled, and low-income families will have devastating effects. These limits bear no relation to the realities of New York City where families receiving rental assistance stay on average of 15 years in the housing trades voucher

program and public housing residents stay more than 25 years. The average household income is around $27,000 a year. While the median rent in New York City has climbed to above $3,500 a month. To suggest families can find stability in two years is simply unrealistic. The result will be more evictions, more homelessness and greater pressure on city resources with billions of lost federal housing dollars that the state and city will be expected to replace. Any of these measures alone would be devastating. Taken together, they represent a federal retreat from responsibility that shifts enormous burdens onto states and cities and destabilizes the lives of our most vulnerable neighbors. We know that two minutes is not enough to capture the full scope of these impacts, but we urge the Council to act now. Expand programs like CityFHEPS, protect food assistance and SSI recipients, and work with the state to safeguard Medicaid coverage. With Washington stepping back, the City must step up. In closing, I just want to say that we also support Intro 1372 which would cap the rent assistance contribution for people receiving city vouchers. It closely-- 30 percent closely mirrors what the federal government has determined is

appropriate for people to pay rent to be able to meet all their costs and stave off homelessness. Thank you again for the opportunity to testify.

CHAIRPERSON RESTLER: Thank you so much, Robert. Thank you for the thoughtful testimony.

MARYAM MOHAMMED-MILLER: Good afternoon. Thank you, Council Member Restler, the Chairs of the Committees for this opportunity for Planned Parenthood of Greater New York to testify today on the impact of federal funding cuts to not only our organization, but the broader health care system in our city. My name is Maryam. I am the Government Relations and Policy Director at Planned Parenthood of Greater New York. We are a proud and trusted provider of sexual reproductive health care and education programs for communities throughout the City, providing care to all regardless of immigration status, identity, ability to pay for services. Over the years we have weathered the many attempts to severely restrict sexual reproductive health care, including abortion care. However, a series of relentless attacks from the Trump administration on Planned Parenthood and sexual reproductive health care providers throughout the country could lead to

millions losing access to the care they deserve. The Trump administration as others have described today have forced through a harmful budget reconciliation bill that included a provision that specifically aims to defund Planned Parenthood. PPGNY, Planned Parenthood of Greater New York, is poised to lose $20 million because of these cuts. Our patients who rely on Medicaid will lose access to cancer screenings, birth control, STI testing and treatment and other life-saving services at our health centers. Efforts to defund Planned Parenthood will cause a major disruption in the broader health care system. Nearly 200 Planned Parenthood Health Centers are at risk of closing, leaving 1.1 million Americans potentially without the access to care they deserve. The loss of Planned Parenthood Health Centers would put a strain on other providers who are unable to meet the surge in demand. This will lead to longer wait times for appointments and force patients to travel longer distances for care. There's also a significant public health risk including the increase of unintended pregnancies, higher STI rates and the loss of preventative care. Historically marginalized communities will be the most impacted by defunding

Planned Parenthood because they are most at risk of adverse health outcomes due to lack of access to quality and affordability. In addition to the loss of federal Medicaid funding, we're forced to leave the federal Teen Pregnancy Prevention Program, losing resources for our education programs in New York City. We also anticipate again being forced out of the Title X program which supports preventative health care offered at our health centers. Furthermore, the future of health care for trans, non-binary, gender non-conforming individuals is in jeopardy because of the Trump administration-- the Trump administration's relentless attacks including Executive Orders passed earlier in his administration. Unfortunately, underinvestment in the sexual reproductive health care landscape and stagnant Medicaid reimbursements in our state have contributed to a financial crisis for our organizations, forcing us to make difficult decisions to sustain patient care. This includes executive pay cuts, reduction in force, and we are planning to close our Manhattan Health Center later this year. This is all again in an effort to sustain patient care. We know that the Trump administration's attack

will impact the most marginalized in our communities, we and look forward to working with the Council to help ensure that resources are secured to continue to provide care. Thank you.

CHAIRPERSON RESTLER: Thank you so much.

BRYAN ELLICOTT-COOK : Good afternoon, Chair Restler, members of the City Council Committees on General Welfare, Hospitals, and Government Operations. My name is Bryan Ellicott-Cook and I serve as the Director of Government Relations at SAGE, the nation’s largest and oldest organization dedicated to improving the lives of LGBTQ+ older adults. Since our founding in 1978, SAGE has worked tirelessly for LGBTQ+ elders fighting for policies and programs that enable them to age with dignity, security and support. Early in the new presidential administration we learned that SAGE’s grant with the State Department had been cut, resulting in a loss of $403,000. Because of this cut, SAGE was forced to close a program through which we were providing technical assistance to organizations seeking to serve LGBTQ+ elders in places like Nepal and the Philippines. The Administration for Community Living, ACL, has funded us through two funding

streams. For more than a decade, the ACL has helped us to underwrite our National Resource Center for LGBTQ+ Aging, the community's first and only technical assistance resource center aimed at improving the quality of services and supports offered to LGBTQ+ elders. In the spring, we learned that ACL would be [inaudible] under the new Administration for Children and Family Communities under the new leadership of the Department of Health and Human Services. We continue to be wary that this funding could cut at any time, especially since ACL's new restrictions prohibit the NCR from sharing any content related to trans people, diversity, equity and inclusion. I want to specially say that SAGE historically has been funded by many state and city agencies for our work. Many of all these grants are federal pass-through grants. For example, we previously were awarded $50,000 by New York State Department of Agriculture and Markets to fund our Supplemental Nutrition Assistance Program education, SNAP, and as a result our funding was terminated while SAGE was in the process of finalizing our contract. This grant was meant to support community gardens, nutrition education and our food pantries at

our SAGE centers in the Bronx and Harlem where many of the LGBTQ+ participants experience food insecurity. Moving forward, SAGE must appreciate that-- must anticipate that suddenly loss-- any sudden loss of grant is possible, and that the federal pass-through could come through to us. The loss and restriction of federal funding streams jeopardizes SAGE's ability to deliver critical services for the LGBTQ+ older adult community. When programs are cut or constrained, older adults in our community lose access to affirming care, nutrition assistance, social connection and vital support that helps them age with dignity. Many of our participants already face despairing rates of poverty, isolation, health disparities, and interruptions in funding only deepen these insecurities. Without stable and inclusive federal support, SAGE cannot fully meet the needs of these vulnerable populations, leaving thousands of LGBTQ+ elders at risk of any number of things.

CHAIRPERSON RESTLER: Thank you, Bryan.

ERIC LEE: Hi, good afternoon. Thank you, Chair Restler and members of the committee for allowing me to testify today. My name is Eric Lee.

I'm the Director of Public Policy for Volunteers of America, Greater New York, a 129-year-old anti-poverty and housing organization focused on ending homelessness in the Greater New York area. I will submit written testimony, but for my time I would like to discuss how HR1 will impact our tenants and clients and what VOAGNY is doing to support them. We are gravely concerned about the impact of HR1 on the stability and wellbeing of New Yorkers residing in our permanent supportive housing and affordable buildings as well as our homeless shelters. Eligibility changes for Medicaid and the essential plan coverage as well as SNAP will result in partial or complete loss of critical food and medical benefits for low and extremely low-income households, including the elderly, veterans, former foster care youth, people experiencing homelessness, families with teenage children, refugees, asylees, and survivors of domestic violence and sex and labor trafficking. While many of these people that we serve will remain categorically eligible for benefits, as mentioned earlier by other advocates, it will take significantly more time and effort for households and our case managers to be able to assist

them to maintain eligibility, because of the onerous reporting and verification standards. It was incredibly uplifting to be able to hear the voices of so many advocates today with lived experience who are thriving in safe and supportive housing. We are very proud to have many supportive housing tenants aging in place with us, and many of them face similar challenges to the stories that were shared today. Another example that was not touched on would be a 62-year-old veteran who's living in supportive housing who was formerly homeless. Given these changes, they would now have to volunteer or work for a minimum 80 hours to be able to maintain SNAP benefits until they turn the age of 65 which is just incredibly concerning and discouraging. In anticipation of the implementation of these changes, VOAGNY is in the initial stages of implementing a vulnerability index tool for all of our supportive housing programs to be able to pre-emptively identify which households are most at risk of seeing their benefits either reduced or lost. Indices that we are tracking include age, veteran status, employment status, income source and amount, SNAP, type of housing voucher, Medicaid or Medicare recipients, as

well as mental and medical diagnoses, or a history of domestic violence. As we move further along and gain more information, we're happy to share that with the Council. In terms of what we need from government partners, we implore government agencies to work with benefits advocates and providers to create streamlined and user-friendly processes to maintain SNAP and Medicaid benefits and more real-time assistance from HRA staff to be able to help the increased workload that they're going to see. We also implore the government funders to expand case management headcount within our housing and supportive-- supportive housing and homeless programs to be able to meet the increased workload to help keep people on benefits. And finally, we support Intro 1372 to cap rental assistance contributions. And we want to give a belated thank you and congratulations to you, Chair Restler, for passing with the entire Council Intro 791A last week, and we implore the Mayor to quickly sign that into law. Thank you for the opportunity to testify.

CHAIRPERSON RESTLER: Thank you so much, Eric, and thank you to this panel. Really helpful and insightful testimony. We greatly appreciate it.

Okay, next up-- we'll see who's still-- how patient everybody is. Brad Martin from Federation of Protestant Welfare Agencies, Dr. Henry Love from WIN, Lena Cohen from United Neighborhood Houses, Alana Tornello from HSC, Human Service Council of New York, and Joelle Ballam-Schwan from SHNNY, the Supportive Housing Network of New York. And if anyone is not here, we'll throw someone else up. Are we missing anyone? One, two, three, four. We missing-- who we're missing? So why don't we also invite Chelsea Rose, the Policy and Advocacy Manager at Care for the Homeless, to join this panel as well. Thank you, Chelsea. Joelle, you want to begin?

JOELLE BALLAM-SCHWAN: Thank you. Good afternoon. My name is Joelle Ballam-Schwan and I'm the with Supportive Housing Network of New York. Thank you so much for holding this important hearing on the threats posed by the deeply-harmful federal budget cuts facing our communities. As you know, the network is a membership and advocacy organization representing supportive housing providers throughout the state. Collectively, our members operate over 64,000 supportive housing units statewide, and 42,000 of those are located here in New York City. And for

anyone who may be unfamiliar, supportive housing is deeply-affordable housing with onsite wraparound social services for individuals who've experienced homelessness and faced additional barriers to achieving housing stability. It restores and saves lives, and I'm here to speak to two critical funding streams for supportive housing that are under attack, specifically the continuum of care, the COC program, and the Housing Opportunities for Person with AIDS, also known as HOPWA. The President's FY26 budget proposal calls to slash the HUD budget by 44 percent which would mean the elimination of HOPWA and devastating cuts to the COC which really is the very backbone of permanent supportive housing in this country. The proposal also seeks to consolidate COC and HOPWA into emergency shelter grants and cap rental assistance at just two years, undermining long-term stability. This comes at a time when homelessness in New York City has reached crisis levels. In July alone over 104,000 people spent the night in NYC shelters, and a thousand more are living unsheltered. Since the early 1990s, HOPWA has been the only federal supportive housing program specifically dedicated to helping low-income people

with HIV/AIDS stay safely housed. New York City currently receives $44.9 million annually in HOPWA funding which includes support for 1,477 households with HIV in permanent supportive housing. Meanwhile, the COC program remains HUD's best response to addressing the accelerating homelessness crisis. It funds coordinating housing services and local partnerships aimed at ending homelessness. New York City relies on approximately $165 million in COC funding annually, including $70 million for rental assistance, supporting 7,148 units of permanent supportive housing. So, if enacted, this budget would put those homes and those folks living in them at risk. This includes seniors, veterans, survivors of domestic violence and gender-based violence, and people living with serious health conditions or disabilities who rely on supportive housing. While the recent house and senate proposals have walked back some of the most extreme cuts, none of the current federal budget comes close to meeting the actual need. And beyond permanent supportive housing, COC also supports essential infrastructure for the Homelessness Response System such as local planning, needs assessment, data collection, quality

assurance, [inaudible] housing, transitional housing, outreach and supportive services. Without this funding, New York City would not only lose housing, but funding to track homelessness and coordinated efforts to end it, including the Coordinated Assessment and Placement System, CAPS, which is the system the City uses to refer and place people into supportive housing. And with that, I say thank you so much for your dedication, Council Member, to supportive housing and to the opportunity to testify today.

CHAIRPERSON RESTLER: thank you. Thank you for testifying on these important topics. I really appreciate it.

HENRY LOVE: Thank you, Chairs Ayala, Narcisse, and of course Chair Restler, and members of the committees. I'm Dr. Henry Love, Vice President of Public Policy and Strategy at WIN. We're the largest provider of shelter and supportive housing for families in New York and across the country. Each night, nearly 7,000 people, including 3,600 children, call WIN home. Federal cuts to Medicaid, SNAP, and housing and homelessness programs threaten New York families. New York is close-- is scheduled to lose

close to $15 billion in Medicaid and SNAP funding. That means 1.5 million New Yorkers losing health insurance, and one million including 363,000 children losing SNAP benefits. Critical resources our families depend upon which you already heard from the amazing women that presented earlier from our supportive housing sites. The Whitehouse wants to eliminate Section 8. I just want to say that one more time. The Whitehouse wants to eliminate Section 8. We didn't take them seriously when Project 2025 came out, and we're more than halfway through it now. These cuts would be catastrophic to the families we serve at WIN. So, we're urging the City Council to protect and expand CityFHEPS, including capping contributions at 30 percent of income and adding $263 million to serve 10,000 families at risk of homelessness as a result of the emergency housing vouchers terminating. I would also note that in both the house and senate versions of the budget, there is no talk of the emergency housing vouchers. So, they are on the chopping block. Increased funding for direct cash assistance for families in shelter as well as for those at risk of eviction, and working with the Governor and state legislature to backfill

those federal losses to SNAP and Medicaid. Now is not the time for austerity measures. It's a moment for bold leadership. New York City with the most billionaires in the world, the wealthiest city in the world, most protect vulnerable families and commit to ending homelessness.

CHAIRPERSON RESTLER: Thank you, Dr. Love, and thank you for helping encourage a number of WIN participants and clients to join us today. Their testimony was very powerful.

BRAD MARTIN: Good afternoon. Thank you to the City Council, members fo the committees, and Chairs for convening this oversight hearing on the impact of federal budget cuts on our city. My name is Brad Martin and I'm the Senior Fiscal Policy Analyst at FPWA. FPWA is the leading policy and advocacy organization dedicated to strengthening human services and faith institutions and advancing economic security and justice for all New Yorkers. This oversight hearing comes at a critical time. According to a recent Urban Institute report, 62 percent of households in the City are economically insecure today. This means that almost two-thirds of New Yorkers struggle to meet their living costs and

save for their futures. At FPWA we have long been tracking the impact that federal funding has on the City's budget. Through this work, we know that about 10 percent of the budget is from federal funding with 17 percent coming from state funding which is now at risk. The most recent budget cuts we are discussing today comes on top of reductions in funding that have been happening over the past decade. Through our work on the NYC funds tracker, we can see that over the past 10 years when you adjust for inflation, federal funding to the city has dropped by about 15 percent. So, it's already a constrained funding environment when it comes to federal funds. Particular concern for us is that a lot of this funding through the city budget is used to fund the city's human services agencies with some of them relying on federal funds for up to 40 percent of their budget. And this includes funds that fund grant programs that, you know, many of the advocates have spoken about today, but also funds that flow directly to New Yorkers. Thankfully, we still have time to prepare. As we look ahead, we call on the Mayor and the Council to avoid austerity budgeting. So, we echo that call. This will require thoughtful

and equitable decision-making. The city should use this time to reinforce vital human services programs, enhance processes for access to cash assistance, Medicaid, and SNAP, and seek alternative sources of funding where appropriate. The gap in funding is not insurmountable, and the city has an obligation to prioritize the economic security of all New Yorkers. We also support calls to increase budget transparency. To this end, we support the bill introduce by Council Member Restler to require OMB to report on the status of the city's federal funding. Of the things in the city's control, providing more budget transparency is one of the easiest ways the city can help the community be ready for the funding cuts ahead. Thank you.

CHAIRPERSON RESTLER: Thank you so much, Brad. Send my regards to Jennifer.

ALANA TORNELLO: Thank you, Council Members and especially to the Chairs for today's hearing and also for the opportunity to testify. My name is Alana. I represent the Human Services Council. We are a coalition of over 180 human services organizations, representing a sector that provides lifelines for millions of New Yorkers and

maintains a workforce in the hundreds of thousands. The alarms are going off. They are going off in this space. They were going off this afternoon in the City Hall steps when we gathered, and they're going off in thousands of spaces where human services are provided to New York City communities across our network. We are in the emergency even if some may like to pretend that we are not. As described, New Yorkers already in crisis face catastrophic cuts to Medicaid, SNAP, HUD, disaster and public health funding, and more, and I cannot overstate how seriously this threatens the lifelines for the communities we serve for human services workers who are living on government sanctioned poverty wages, and for organizational budget sustaining care. Several of our members of our network and our partners have already testified to this very real human impact. So, I'd like to briefly speak on the proposed legislation and other actions from the City. We are grateful for the Local Law to introduce monthly reporting on status of all federal funding along with the Local Laws to protect housing and the census. The reporting is notably responsive to past request for more comprehensive and transparent

assessments of the city contracts impacted by mass federal cuts, and we thank you for that. We encourage the city to enhance that reporting with proactively sharing reports with contracted human services providers which I think is suggested by the text. But especially in a manner that will help the providers to understand any scheduled federal cuts and any subsequent gaps not covered by the city. And as mentioned, in previous testimony the City of New York should complement this promising strategy with additional actions. First, we invite you to join human services leaders in our crisis response, emergency budgeting, scenario planning, and advocacy to create a more comprehensive counter-strategy that also integrates partners in New York State. Second, to continue to expedite all delayed contracting and payments with human services provider, facilitating strategic rapid draw downs of federal funds wherever possible. And last, to prioritize human services in the use of any emergency reserves, echoing the colleagues that also proceeded me on not following an austerity budget, but working very closely with us on prioritizing that in the emergency reserves, and also exploring emergency pathways for existing contracts.

Today, we face the very real possibility of a future NYC without the lifelines that we represent, and we're fighting for a different one. The windows are closing for meaningful preparedness and response, and we support the proposed Local Laws and ask the City to work with us to build on these promising steps with the outlined additional actions. Thank you, and please refer to our written testimony.

CHAIRPERSON RESTLER: Thank you, Alana, and thank you to HSC for your advocacy.

CHELSEA ROSE: Good afternoon. My name is Chelsea Rose. I'm the Policy and Advocacy Manager at Care for the Homeless. I'd like to thank the Chairs of the committees and all the committee members for the opportunity to testify today on the impact of federal policy changes on New York City residents experiencing homelessness. Care for the Homeless has provided medical, behavioral health and shelter services to New Yorkers experiencing homelessness for over 40 years, operating 22 federally-qualified health centers across all five boroughs and five shelters with onsite health centers. Our community and shelter-based models aims to reduce barriers to care while supporting residents

with essential services to obtain stable permanent housing. Today, I'm here to speak about how harmful federal cuts and policy changes will be for people experiencing homelessness and for the providers who serve them. Cuts to Medicaid and community health centers threaten to strip millions of New Yorkers of health care while overloading safety net providers like ours with impossible administrative barriers. People experiencing homelessness already face enormous barriers to accessing care, and new eligibility rules, work mandates and documentation requirements will only push more people off coverage, worsening health outcomes and deepening housing instability. Immigrants are also being directly targeted, risking further inequities in care. Meanwhile, housing programs are underfunded and a new Executive Order shifts federal strategy towards criminalization instead of addressing the root causes of housing instability and homelessness. We urge the City Council to do everything in its power at the city level to mitigate the impacts of these cuts such as fully funding CityFHEPS, advancing stronger source of income protections and protecting supportive housing and medical respite programs. We also urge

the City Council to stand firmly with community health centers which are on the front lines of providing care as they navigate devastating federal cuts and changes to Medicaid. Providers will continue to do all that we can to serve every New Yorker, but we cannot shoulder these federal threats alone. Thank you very much for your time and your commitment to the health, safety and dignity of all New Yorkers.

CHAIRPERSON RESTLER: Thank you so much, Chelsea, and want to thank this whole panel for your insightful and thoughtful testimony. We really appreciate you being with us and sharing it on the record. Next up we have-- and I apologize in advance if I mispronounce anyone's names-- Christina Abbattista from Urban Pathways, Sabine Frid-Bernards from Brooklyn Org, Mia Wagner from the Community Service Society, Sherry Chen from Coalition for Asian American Children and Families, CACF, and Mahima Golani from the NYC Family Policy Project. Good, everybody's still here. We can go left to right.

CHRISTINA ABBATTISTA: Good afternoon, Chair Restler and members of the committees. My name is Christina Abbattista and I'm the Policy Analyst at

Urban Pathways. We are a nonprofit homeless services and supportive housing provider serving over 2,500 single adults annually. Thank you for the opportunity to testify today. Trump's proposed cuts attack the most basic needs in our communities and will put everyday New Yorkers at risk of eviction and homelessness. We know these cuts will hit our most vulnerable community members the hardest. We need strong city leadership to protect critical programs with the urgency and compassion this moment requires. CityFHEPS is a vital tool in the fight to end homelessness, supporting 47,000 households to stay stably housed. Cuts to federal rental assistance like Section 8 could ripple into local initiatives like CityFHEPS. These cuts will force tenants back into shelters and burden the city financially since shelter placements are far more costly than stable housing. The city must maintain full funding for CityFHEPS and implement the expansion to ensure that more people can transition out of shelter and into permanent housing. Urban Pathways strongly supports Intro 1372, reversing the harmful 40 percent rent hike that unfairly penalizes and rent burdens low income working New Yorkers. Trump's proposed cuts

would slash New York's federal housing budget by nearly half, threatening the stability of over 500,000 families. Two-year time limits in public housing and Section 8, dissolving emergency housing vouchers, and slashing continuum of care funding will cause mass evictions and drive up homelessness. Initiatives like Urban Pathways, HUD-funded Key to Home Rapid Rehousing program shows what real solutions can look like. Key to Home houses unsheltered New Yorkers directly into permanent housing, cutting the typical New York City shelter to housing timeline by more than half. This is exactly the kind of lifeline that federal housing dollars make possible and that these proposed cuts will be jeopardizing. This crisis can't wait. The City Council must make every effort to mitigate the impact of these cuts, focus on getting people out of shelter and into permanent housing, and fully fund these proven programs to keep people housed and end homelessness. Thank you for your time.

CHAIRPERSON RESTLER: Thank you so much. That was great testimony.

SABINE FRID-BERNARDS: Good afternoon. My name is Sabine Frid-Bernards. I'm the director of

Programs at Brooklyn Org. We're a partner and platform for local philanthropy, supporting Brooklyn nonprofits. Thank you for the opportunity to testify today about the deeply concerning impacts of recent federal budget cuts on our city and its people. Brooklyn's diversity make it a true microcosm of New York City, and our borough offers a clear lens on how these cuts translate into daily hardships. From legal aid providers safeguarding due process rights to youth development organizations providing critical stability for children, nonprofits are being asked to shoulder responsibilities that rightly belong to government, while federal disinvestment shrinks the resources available. Already, we're seeing the consequences: surging demand from mental health services, families too fearful or financially strapped to access weekly groceries at food pantries, many are missing medical appointments due to coverage loss and uncertainty, and children are withdrawing from supportive programs that sustain them at an alarming rate. More specifically, the impacts of federal cuts are being felt across the board in Brooklyn, many of which we've already heard about today. As of May 2025, over 1.2 million Brooklyn

residents relied on Medicaid, more than one million New Yorkers citywide were dependent upon the Essential Plan. Federal budget changes threaten to strip coverage from hundreds of thousands with statewide cuts projected at $13.5 billion annually. In Brooklyn, as many as 27,000 immigrant seniors risk losing Medicare coverage under tightened eligibility restrictions, and more than 600,000 residents in districts across Brooklyn receive SNAP benefits, representing one of the highest rates in the northeast. Expansions of work requirements and cost shifts to the state put up to 300,000 households in jeopardy of losing food assistance. Housing insecurity in New York City is nothing new, and it will only become worse. Brooklyn faces a shortage of over 228,000 affordable housing units. While federal provisions expand investor tax credits, these overwhelmingly benefit higher-income residents and do little to relieve the pressure on low-income families most in need. As mentioned earlier, our diversity in Brooklyn is what makes Brooklyn great, but increasingly our immigrants neighbors are feeling threatened. With $45 billion allocated to immigrant detention and fees rising drastically, Brooklyn's

large immigrant population, nearly half a million undocumented residents citywide, face heightened insecurity, and immigrants stand to lose access to basic supports like SNAP. As federal policy choices destabilize the systems our neighbors rely on, our city must act as a true partner to these community organizations. That means ensuring sustainable city funding to nonprofits that provide essential services, not as a charity but as a fulfillment of government's responsibility, strengthening the government-- strengthening the policy environment to support service providers in meeting urgent needs, and embracing nonprofits as essential collaborators not as vendors. We're mobilizing donors and galvanizing stakeholders and standing firm to help nonprofits weather the storm, but this can't be our and our community's burdens alone. We call on the City Council and city leadership to match that commitment. With the city as a genuine partner, we can protect the safety, dignity and opportunity of our communities. Thank you for your time.

CHAIRPERSON RESTLER: Thank you, Sabine.

MIA WAGNER: Thank you for the opportunity to testify. My name's Mia Wagner and I'm

Director of Health Policy at the Community Service Society of New York. CSS is 180-year-old organization dedicated to improving the lives of all New Yorkers. CSS administers the Managed Care Consumer Assistance Program, or MCCAP, to help New York City residents navigate the health care system through a network of 21 community-based organizations in all five boroughs. As you know, New York City will be hit hard by federal cuts to health programs. CSS' two recommendations to abate the harm of these cuts: First, consider funding community-based outreach about the availability of enrollment assistance. With new burdensome documentation requirements, consumers will struggle to enroll in and maintain health coverage. Fortunately, the unwinding of the COVID-19 public health emergency provides a model. In 2023, the philanthropically-funded Keep New York Covered Project supported 36 community-based organizations that conducted targeted outreach about enrollment assistance. The program was incredibly successful and generated an almost 4,000 percent return on investment. CSS urges the City Council to consider fudnign a similar program. Second, support the state in returning to the

Essential Plan-- returning the Essential Plan to the Basic Health Program. As has been discussed already, the state initiated the process to unwind its 1332 waiver program last week. While this is transition will allow the state to minimize coverage losses, it will still leave approximately 225,000 New York City residents with incomes between 200 and 250 percent of the poverty level no longer eligible for the Essential Plan and at risk of losing coverage. CSS urges the City Council to participate in the 30-day comment period to support the state in its initiative to return to the Basic Health Program. In addition, the city should support the state in any initiatives to provide cost-sharing reductions or subsidies to this population to allow them to access affordable coverage. Thank you for your consideration.

CHAIRPERSON RESTLER: Thank you so much. That's very helpful.

SHERRY CHEN: Thank you, Chair Restler and committee members for hosting today's hearing. My name is Sherry. I'm the Health Policy Coordinator at the Coalition for Asian American Children and Families, CACF. In addition to the points that fellow community partners have uplifted around the

impact of HR1 on public services, I'd also like to uplift Intro 1364. CACF supports the passage of Intro 1364 to help reduce service gaps and provide transparency and to reimburse processes, thereby allowing organizations to plan effectively amidst anticipated federal funding cuts. Nonprofit and community-based organizations need to be able to anticipate the impact of federal cuts on their sectors and communities. As larger nonprofits are seeing their federal cut smaller, NPOs and CBOs also feel those effects and will have to make up for the resulting gaps. We're already seeing that funding deductions for our members means decreased staff, programs and services that help maintain the health and wellbeing of vulnerable AAPI New Yorkers. It's imperative that the City Council make a commitment to filling those gaps in this and the next fiscal year. New York City relies heavily on the outreach and services of CBOs and citywide programs such as Access Health NYC to keep vulnerable New Yorkers healthy. For AAPI New Yorkers, including our immigrants and elderly, CBOs provide affordable continuous and holistic care through culturally and linguistically responsive delivery. 26 percent of AAPI New Yorkers

live in poverty, the second-highest poverty rate in the City, and 42 percent of our community are limited English proficient. CBOs are trusted by community members and therefore successful in providing specialized services to address rising chronic illnesses amongst AAPI such as diabetes, hepatitis B, and lung cancer, as well as the worsening mental health crises amongst our youth, often partnering with other providers and hospitals that require their ability to conduct such outreach to historically harder-to-reach populations. With the impending Medicaid cuts and ongoing restrictive federal policies that threaten funding for CBOs, particularly those that provide services to immigrants, their stability has already been at risk. We're seeing federally qualified health centers already facing challenges in serving all their patients due to the change, a recent change to the federal personal responsibility and Work Opportunity Act that bars them from receiving funding if they continue to provide services to lawfully residing immigrants who are now considered ineligible for benefits. Again, CACF urges you to pass Intro 1364. The health of our marginalized communities depends on the continued

reliable operation for CBOs and any disruption in services will have dire consequences for their health and wellbeing. Thank you.

CHAIRPERSON RESTLER: Thank you so much.

MAHIMA GOLANI: Hello. Thank you for the opportunity to present testimony today and my name is Mahima Golani, and I'm a Policy Analyst at the New York City Family Policy Project. I'll be speaking on the potential impacts of these federal budget cuts on child welfare involvement in New York City. So, we know that Black and Latino families in New York City experience extraordinarily higher rates of child welfare involvement with nearly 45 percent of children experiencing an investigation in childhood. While the City has made progress reducing system involvement over the last five years with investigations in foster care declining by 10 percent or more, sustaining these gains in the face of federal cuts will require that the city and state adopt new policies to buffer families from hardship. We have decades of research that show us that policy shifts that increase economic insecurity increase child welfare involvement. When families are struggling with basic needs, cutting meals, visiting

food pantries, facing income loss or housing hardship, exposure to child welfare involvement rises. We also know that SNAP in particular is protective. Children who participate in SNAP or WIC have a lower risk of substantiated reports. States that adopted generous SNAP policies have lower rates of hotline calls, maltreatment, and foster care entries with the largest decreases among Black children. The sweeping changes coming to SNAP are estimated to result, as we've heard, in 1.7 million New York families losing some or all benefits. For close to half a million families, the average reduction will be almost $200 per month, forcing trade-offs between food and other essentials. Many immigrant families will avoid critical supports because of justified fear and the need to remain out of view. This food insecurity crisis will have collateral effects of increased child welfare involvement unless the city and state act. In addition to the cost of families in deep fear and trauma, the city and state will bear the fiscal cost of preventable child welfare spending. New York's legislature and City Council have an essential role to play here. First, the City Council can buffer the

impact of these SNAP cuts by allocating emergency funding to community organizations and groups that provide food support across the city. For individuals, the Council can expand access to emergency cash assistance, in particularly unconditional cash. The Council must also be vigilant to ensure that ACS investigations in foster care placements do not rise alongside hardship. New York City's children and families cannot pay for federal cutbacks with fear and trauma. Thank you.

CHAIRPERSON RESTLER: Thank you for that testimony and for reminding us that when people are hungry and when people are lacking health care it has all kinds of negative cascading impacts that may not immediately come to mind. Really want to thank this panel for your thoughtful testimony. We really appreciate your patience and being with us today. Next up, Carla Hollingsworth from the Stuyvesant Gardens Tenant Association, Andrew Santa Ana from the Asian American Federation, Orlando Orvalles from NALEO Educational Fund, Loretta Halter representing herself, Je'Jae Daniels, also representing himself, themselves, excuse me. I appreciate the correction.

And if we have one more opening we will also bring up Gordon Lee. Okay, go ahead.

CARLA HOLLINGSWORTH: Good afternoon. Thank you for the opportunity to testify. One thing that I think is really absent from the conversations today is the eradication of public housing, which the eradication of public housing means that there's a whole group of people who public housing was created for that's not going to have a place to live, okay? The PACT program, Permanent Affordability Commitment Together, the residents are not part of that. They are not part of that as a partner. We're told what's going to happen. We're not in the conversations like the law states we should be. so, who is it that is going to actually enforce the laws that are supposed to be ironclad that protect the public housing-- public and Indian housing residents, okay? who enforces those laws? Because right now, everybody shrugging their shoulders while people are about to be homeless again, because people went from homelessness into public housing. And now, we're going to end up in homelessness again because a program that is just a money grab and a land grab is being allowed, okay? At my development, they state

and they put it in writing-- they gave us a letter saying that they need $166 million to fix our development. Well, we got a historic nomination from Governor Hochul which comes with more than $166 million. So, why are we being forced to convert? Why-- excuse me. Why does a developer call me daily to try and coerce me to into signing a lease that puts the contract rent of my apartment at $3,777 a month when my income was $1,755 a month because I'm Social Security Disability, okay. Now, they took 185 of that for my Medicare Part A and B, okay, so I get $1,570, but I had Medicaid as well. So, Medicaid was supposed to pay the premium, but they don't, okay. So, I'm paying it. And when I try to get help I can't get Social Security on the phone, okay. You cannot get anybody on the phone. Nobody's answering. They don't return calls, okay. Nobody who's supposed to be helpful to people is actually working these days. I don't understand. Too many people are being affected by what's going on, but they can't get help, okay. I have people who come to me. I didn't sit and pat myself on the back and say, oh, I belong to this organization and that organization, and I advocate. Yes, I advocate for a lot of people, okay,

some who are developmentally disabled, some who are just seniors, and we need help. Where are we supposed to get it from?

CHAIRPERSON RESTLER: Thank you, Ms. Hollingsworth. Those are important and present questions, and if we can help put you in touch with your local Council Member and their office to make sure that they're advocating alongside with you, please let us know.

CARLA HOLLINGSWOTH: Okay.

ANDREW SANTA ANA: Thank you, Chair Restler and members of the City Council for convening this timely hearing on the impact of federal budget cuts. My name is Andrew Santa Ana, and I'm the Deputy Director of Research and Policy at the Asian American Federation which represents over 70 nonprofits serving 1.5 million Asian New Yorkers. I'm here to testify about not only federal budget cuts, but also the establishment of the Office for a Census in New York City. When we last testified on this issue in April, we warned that New York's Asian communities face an escalating trifecta of crisis, escalating anti-immigrant policies and ICE enforcement, economic instability due to wild policy

changes, and unprecedented federal funding cuts that will ripple through the fabric of New York. These cuts are here and they're impact Asian New Yorkers in unique ways. While Asian New Yorkers are integral to the city's vibrancy contributing to business, public service, health care and culture, our communities despite outdated stereotypes experience significant hardships. Two-thirds of Asian New Yorkers are foreign-born and 27 percent are non-citizens. Our population grew 35 percent from 2010 to 2020, yet one in three lives in poverty, and we're twice as likely to experience poverty as white New Yorkers. Nearly half of Asian New Yorkers have limited English proficiency, and speaking of the conversation we're having earlier, 17 percent of New York Asian's community works in the health care sector. So, in the conversation about jobs that are lost through these budget cuts, our community is significantly impacted. These federal cuts are driving fear and disengagement. As you've heard throughout the day, community members are disenrolling from benefits, avoiding hospitals and withdrawing from public life. This weakens our safety net and poses significant health-- to public health. With that said, we

encourage the City Council to respond, not only by stemming the impact of these cuts, but also funding the organizations that are providing work for the immigrants communities that are on the ground addressing some of the ICE enforcement policies. We believe that strengthening partnerships with Asian-led nonprofits to address not only immigration, but food insecurity, housing, poverty, social services, in immigration are essential. Now, we're also supportive of the initiative 1225 regarding to the census. We know firsthand the importance of the census, and we-- and know that culturally competent and language accessible outreach is important, not only for its implications for congressional maps and funding allocations, but also for the data it provides to create an accurate picture of our communities. As a census information center, the Asian American Federation has long been a trusted voice in New York, leading census advocacy for Asian New Yorkers. We too are deeply concerned about the inclusion of a citizenship question, as well as other efforts to undermine the census' integrity, and those things will have a devastating impact on our community's ability to respond accurately to the

census. Without resources and advanced planning, New York is projected to lose at least two congressional seats in the upcoming 2030 census. Such losses will leave our community without voices in Congress to advance New Yorker's priorities. These challenges are complex but the solutions are within reach. My written testimony will include much greater detail about the impact of these policies on Asian New Yorkers. We urge the City Council to keep us in mind as you move through this crisis. Thank you for your leadership.

CHAIRPERSON RESTLER: Thank you so much and thank you for your work at the Asian American Federation. Thank you.

ORLANDO OVALLES: Thank you. Thank you, Chair Restler and to the rest of the New York City Council members on the Committee on Governmental Operations, State and Federal legislation, for the opportunity to testify here today. My name or Orlando Ovalles and I'm with NALEO Educational Fund, serving as Northeast Director of Civic Engagement. NALEO Educational Fund is a nonpartisan, not-for-profit organization that facilitates the full participation of Latinos in American political

process from citizenship to public service. We're founded in 1981 by the late Congressmember Edward [inaudible] in Los Angeles, California. We have several offices in key areas of the country including our regional office to serve the northeast here in New York City, and we have been here since 1993. NALEO Educational Fund strongly supports Local Law Intro 1225 to establish a New York City Office of the Census, because it will help promote and full and accurate account of Latinos and all New Yorkers in census 2030 and future decennial counts. A full and accurate account of all New Yorkers is critical for the future strength of New York's democracy and its wellbeing and prosperity. The decennial count determines the apportionment of congressional seats for New York State. Prior to census 2020, many election experts predicted that New York would lose two congressional seats, but the state ultimately lost only one. Policy makers and community leaders believe that New York's investment in outreach and educational efforts to obtain a full count of its population in that census helped prevent the loss of one seat. A full and accurate count in census 2030 will also help ensure the fair allocation of federal

resources to New York City to help address the needs of its communities. More than $2 trillion in federal resources annually are allocated based on census data, with one estimate indicating that more than $161 billion of resources for New York State are allocated annually on the basis of this data. The fair allocation of federal resources to New York City is particularly important given the fact that the federal government is significantly reducing the scope of and funding for several programs. With less resources available, it is even more critical that they are allocated to the communities that need them the most. The Office of the Census envision in Intro 1225 is particularly important for complete and accurate count of New York City's Latino population because it will work to identify hard-to-count areas of populations in the city and carry out a multilingual public awareness campaign targeting these populations. In census 2020, the Census Bureau found that there was a historical and significant net undercount of Latinos nationwide, 4.99 percent, almost five percent. Expert demographics found that the national undercount of very young Latino children ages zero to four, 8.6 percent was double the

undercount of the non-Hispanic White counterparts, 4.3 percent. In terms of the number of very young Latino children missed in census 2020, the forgoing analysis found that 51 percent were concentrated in 20 of the most populist counties in the nation with three of them being New York boroughs, Queens, Bronx and Manhattan. According to 2024 census American Community Service data, Latinos comprised more than one-fourth of New York's 29 percent and one out of three New York City's very young children, 34 percent. Those-- there cannot be a full and accurate account of the New York City population without an accurate count of Latinos. In addition, given proposal by the current administration on comments regarding the census as well as section actions taken by the administration regarding data sharing, it will be exceptionally difficult to obtain the participation of New Yorkers in census 2030. First, both Congress and the administration are pursuing proposals to exclude undocumented immigrants or non-citizens from the decennial census count and are considering adding a question of citizenship or immigration status to the [inaudible] questionnaire. In addition to the current administration has taken--

CHAIRPERSON RESTLER: [interposing] Mr. Ovalles, is it possible to wrap up. I apologize.

ORLANDO OVALLES: Yes, I'm almost done. Several actions allow an unprecedented sharing of sensitive data across the federal agencies, including data with sensitive and personal identifying information combined with an administration aggressive in immigration enforcement action, it has led to a lack of trust in the confidentiality data provided to government agency and widespread fear that this data will be used to harm Latino families and New Yorkers. For all forgoing reasons, NALEO Educational Fund supports Local Law Intro 1225 and looks forward to working with the City Council and the office itself on preparation for census 2030. And lastly, we will expand on this point on the official written testimony that we'll be submitting following this hearing.

CHAIRPERSON RESTLER: Thank you so much. We really appreciate your testimony.

JE'JAE CLEOPATRA DANIELS: Hi, good afternoon. My name is Je'Jae Cleopatra Daniels, and I go by they and vey. There's many organizations I'm here to support, but I'm really here to give you a

testimony first. Now, as much as there's a lot of advocates here, I want us to remember that a lot of them are getting paid for their time, and for those of us who are having our health care, our SNAP and our food and housing being stripped, I think especially as it says up there, "A government of the people, for the people, by the people," we should speak first, right? We have to lose our time, our money, our food to be able to be here, and there was too many company heads that were speaking first when there was a lot of vulnerable people who are not only not here, but the majority of the people that are supposed to sit on the panel to hear, because you could always get the semantics and the facts, and we're preaching to choir, but you're not hearing the story directly from people that it's impacting the most. I'm a recipient of Medicaid, SNAP, and Section 8, as is my mother, and even though the chi [sic] is in a different political party, this is a reminder that this it not just a left issue or a right issue. This is an overall humanitarian issue, right? I am terrified and other words that is understatement of what I'm experiencing now, and you whoever's left here, you could see me. I am the target of

conversation in this conver-- this country that wants to see me dead. I've never harmed anyone. I've never had a criminal record. I'm just a person who is trying to live and be the best citizen, and this whole country is talking about identities like me, and they want to see me dead, and it creates depression, and it creates lack of access of care and so on and so forth to evil to get out. And I have to advocate for myself because there's loopholes in this system that continues to deny me the care. Just alone in this past year, my rent has doubled, even under Section 8, and it's illegal as you all remember, that it's illegal over eight percent for rental increase, but if you're not under certain rent stabilized apartments, you could be affected and you could be displaced. As someone who lives in Roosevelt Island and has to move eight times in the pandemic-- they are privatizing the building, and I wish, you know, Council Member Menin was here, because I've tried to get in contact with her office among others and we are being pushed around to dirt. You know that it's over 200,000 people that are homeless that we know that are reported, and the millions of more people that have died since COVID

who are not getting food and how SNAP does not even help people who are in shelters who do not have the means to get hot food or do not even have the kitchen equipment-- as I remember being in the pandemic in housing in Marsha's Houses. I had nothing to my name, and every time I got a nickel I was denied public assistance and other forms of care. And this is abhorrent. This is a city that claims to include me and continues to talk about me and identities in communities I represent, but you have no idea what it's like to be able to be an urban youth of color and navigate the city and to have other people talk about us and we don't' get a chance to be able to speak our stories. I will finish up, and I will say I am terrified from the Adams administration, Cuomo and President Trump, that they are sanctioning death. There's blood on their hands and their [sic]. I've already mentioned about the disparities that continue to rise, and just alone this past week at a mutual aid that I go to, because even all these public benefits are not enough. Black Trans Liberation Kitchen which a lot of you are familiar with, there were 20 MAGA supporters that came to antagonize vulnerable trans youth who were looking to have food.

And the security did not apprehend them. This is terrifying, especially what happened with Charlie Kirk, after that, and there is a polarizing culture that I looking to find a scapegoat like me to attack. We are terrified to be able to get our basic needs met. That is what needs to be here. And the fact that most people are not here and we are the last people to talk, when a lot of people here are getting money and they don't have to worry about not having food and not having Medicaid and not having Section 8. They could talk all they want about vulnerable community, but the people who are vulnerable need to be able to speak first. And that is the story that's not being communicated, that I am tired that we're having liaisons that is not representing those to allow the people who are marginalized first. I could go on and on and on, but I will just finally say that even in this year past alone, I have not had a full-time job with a median salary since I was furloughed in the pandemic for Winter 2021. I have been denied this past year alone seven times for public assistance, more than that for unemployment and Section 8, and all the fricking nonprofits still cannot fill the gaps and to be able to ensure that I

have the basic means. And I will finally say that people in my demographic are forced to go into sex work, are forced to go into other drastic measures that are stigmatized because the system is failing them to be able to get their basic needs. I don't understand where my taxes is going. I don't understand where all this bullshit semantics is going, because it is not helping someone like me and my mother.

CHAIRPERSON RESTLER: Okay. Thank you very much for your testimony.

JE'JAE CLEOPATRA DANIELS: Thank you.

CHAIRPERSON RESTLER: We appreciate you taking the time to join us and share your insights.

GORDON LEE: [inaudible] I'm Gordon Lee. I'm from Brooklyn. I'm actually from all groups, including the Flatbush Tenant Coalition. I represent all groups and I also am a former Nixon protestor and birth June 23rd, 1973. I was one of the newborns of the Nixon presidency. My birthday was also the anniversary of President Nixon's re-election. As you know, I also am here out of concern for the cuts like the rest of these people, and like many people, you know, I also have chronic health needs and rely on

certain medications. I rely on insulin for type II diabetes. I rely on blood pressure pills for hypertension, and I also rely on a breathing machine at night because I also have sleep apnea. And if these cuts go through, you know, I literally-- now, I literally expect that I may not even have long in this world because of these dangerous cuts and the dangerous corruption. I literally decided to go on the internet and find out how to go about making a will and how to make preparations for my death, and I'm going to do that as soon as possible most likely this week because, you know, I don't know if I see myself living to be a hundred. And then I have a mental health history and because of all this, you know, I've-- I've had feelings of fear, rage, frustration, feelings of being let down, disappointed. Then I don't know what to do with those emotions, where to go, where to turn to, who to turn to, what to ask for, what to suggest. Also, can't really find words for my emotions, because also some mental health history. Part of being diagnosed with autism and collective mutism, you know, speech handicapped. I was not talking between age two and age six, and then there are also cutting mental

health service. I may have to give up my social worker that I rely on, and another problem is not just people like Trump, but others who defend him, who protect him, who encourage him and enable him, and you also hear about others, Democrats and Republicans who empower and they allow it to happen, and also you heard about, you know, Democrats enemies and victims of Trump who traded sides with him. You know that's how he got elected in the first place.

CHAIRPERSON RESTLER: Mr. Lee, I really want to thank you for your testimony and sharing your experience, and want to thank this entire panel for joining us today and sharing your expertise with us. We really do appreciate it.

GORDON LEE: Thanks for organizing. Thank you.

CHAIRPERSON RESTLER: Thank you so much. Is Manuel Martinez still here? Please join us. And the remainder of the folks testifying are going to be on Zoom. We have Anna Srey, Mbacke Thiam, Tanesha Grant, Ashna Shome, Jane Ni, and Christopher Leon Johnson. If it's okay, we will let Ashna Shome go first as she's at-- they're at work and has to get

back to it. And then we'll go from there. Ashna, can you hear us?

ASHNA SHOME: Yes. Hello. Can you hear me?

CHAIRPERSON RESTLER: Yes. Go for it.

ASHNA SHOME: Okay, great. Thank you so much to the Chair and all of you who are listening to my testimony and so many others. I appreciate your time. Mr. name is Dr. Ashna Shome. I'm a pediatric resident doctor at Jacobi Hospital, and I'm also a Regional Vice President of my union, the Committee of Interns and Residents. As a pediatrician who works in the Bronx right now, I see how federal budget decisions translate directly into the health of our youngest and most vulnerable patients and New Yorkers. Most of the families I care for rely on public programs like Medicaid, SNAP and WIC to survive, and the recent federal budget cuts are a direct threat to their wellbeing. Cuts to SNAP and WIC will directly harm children's nutrition and their development as well, because these programs are essential for ensuring that these young children have consistent access to healthy food which allows their brain and their body to develop in their most

critical years. With this estimated cut being 20 percent to SNAP benefits, New York State could be forced to pay $1.1 billion annually in SNAP benefits to make up for the loss, and in over half of New York's 25th congressional districts, 13,000 to 24,000 households with children are expected to lose some or all of their SNAP benefits. That means more children going hungry, more families forced to choose between food and rent, and more kids arriving in our clinic for signs of both malnutrition and overnutrition which is caused by eating unhealthy foods that don't adequately support their development and their needs. Another concern that we have is that pediatric clinics are bracing for staffing losses that make an already extremely-strained safety net even weaker than it was before. Our social workers and community health workers are integral parts of our work and they help our families access housing, food, and to continue to follow up with them, and their funding is tied to federal dollars. As those budgets shrink, I expect that we might lose vital staff members, and with them the ability to really care for our entire families and provide the wraparound care that they need and deserve. Without the support of social

workers and community health worker, doctors like myself and other health care workers will be left trying to manage extremely complex social and medical challenges in short appointments usually 20 minutes or less, and without the infrastructure necessary to keep families stable and healthy. If as projected, as many as 1.5 million New Yorkers lose health coverage, we will also see more children going without their routine checkups, vaccines, and urgent care, and I anticipate that this means we'll see many more families showing up in the emergency room, because they simply have nowhere else to go when their child is ill. Safety net hospitals and clinics in low-income areas like the Bronx are already on such extremely thin margins, and with less federal reimbursement, I think we all know that they'll forced to cut services, layoff staff or even shut down, and across the state it's estimated that we could lose 34,000 health care jobs--

SERGEANT AT ARMS: [interposing] Thank you. Your time has expired.

ASHNA SHOME: [inaudible] today. Thank you.

CHAIRPERSON RESTLER: Thank you so much, Doctor. We really appreciate you joining us. I'll now go to Mr. Martinez, and then we'll return to the folks on Zoom.

MANUEL MARTINEZ: Hello. Good afternoon. Thank you, Chair Restler and members of the committee for this opportunity to give this testimony. My name is Manuel Martinez, and I am the Director of the next two minutes and 50 seconds that I have here in this testimony. I'm also Resident Council President for South Jamaica Houses, and I'm also a part of an alliance of resident councils in south Queens. The proposal that you have now about funding transparency with government funds, specifically Section 3, I want to accommodate and I'm in strong support of that bill, especially given the opportunities that it has to impact our communities, but also the huge obstruction it has-- that it has endured in our communities. Scott Stringer had identified back in 2010, from 2010 to 2020-- he identified it in 2020, I'm sorry. But that from 2010 to 2020, $20 billion was expended by NYCHA and zero percent went to training as it was required under law. Also, zero percent went to subcontracting and very minimal went

to employment. This is the same circumstance that persists. You guys are the government. The Committee on Government Operations, I would also suggest that in that transparency of funds you have mandatory triggers. $2.3 billion, that mandatorily triggers Section 3 benchmarks and as well as requirements, but there's also another $2 billion in project-based Section 8 that is encouraged under the law. I would suggest that that also be monitored, that there's a separation between mandatory and encouraged so that can see how much dollars is-- you know, are going to both, and so that we could also identify the opportunities that are being missed. I would also suggest that we do need stronger accountability on the decision-makers of these agencies and how they are making decisions interpreting their roles and responsibilities in these positions because to have-- since 1974 where Section 3 impacted directly public housing or public housing funds triggered it. For us to be at zero percent since 1974 on a lot of major opportunities, especially for the billions of dollars that have gone through our communities is a significant disenfranchisement for our communities. Now, this has

been driven by social change. Section 3, the implementation of Section 3, the obstruction of Section 3 has been in counter of their social change, and now we're seeing another social change happen that's putting us at threat. I thank you again for your efforts, and I hope it's successful.

CHAIRPERSON RESTLER: Mr. Martinez, thank you so much for taking the time to join us and for your really sharp testimony, and we'll be sure-- I assume you're in Speaker Adams' district, is that right?

MANUEL MARTINEZ: Yes, I am.

CHAIRPERSON RESTLER: We'll be sure to let the Speaker know that you were here. We really appreciate your testimony.

MANUEL MARTINEZ: Appreciate that. Thank you.

CHAIRPERSON RESTLER: Thank you. Okay, we're going to go back online. Next up will be Anna Srey from the Mekong.

SERGEANT AT ARMS: Starting time.

CHAIRPERSON RESTLER: Anna, can you hear us? Okay, we're going to go to the next speaker. Next up is-- and I apologize for mispronunciation--

Mbacke Thiam from the Center-- from CIDNY, the Center for Independence of the Disabled of New York. Mbacke, can--

MBACKE THIAM: [interposing] Hello, everyone. Can you hear me?

CHAIRPERSON RESTLER: Yes. You're good.

MBACKE THIAM: [inaudible] Committee [inaudible] Center for Independence of the Disabled New York. We have-- and it's a pleasure for me to join this meeting and advocate with our Council Members regarding the implementation of the big ugly bill, also known as HR1. We all know that these cuts will have a drastic impact on people with disabilities. It will also destroy the health care system for a large number of New Yorkers. And this will directly make 1.5 million New Yorkers lose their Medicare or Medicaid. So, it targets people with disabilities, but also the seniors or the elder people. And that's why we are here today. I start drafting my testimony, and I know I only have a couple of minutes. So, I will submit the written testimony, a written testimony to dig into the impact of the cuts in health care and housing like some housing subsidies that's either like housing

[inaudible] and also the cuts of the-- impact of the cuts on SNAP. But we also need to know that people with disabilities-- direct impact on them, and that's why we are here to join the panel. And I will share a written testimony with the City Council. But I appreciate all the work that you guys are doing in order to prevent and address the issues that-- of New Yorkers regarding this health care-- these federal cuts. Thank you again.

CHAIRPERSON RESTLER: Thank you so much for that testimony. We'll now return to Anna Srey from the Mekong NYC.

ANNA SREY: Yes, hi. I'm so sorry. I'm just having a little problem with the speaker. So, everyone can hear me?

CHAIRPERSON RESTLER: Yes, you're good.

ANNA SREY: Okay, thank you. So, thank you for inviting to the testimony and represent the voices of our community. So, good afternoon, everyone. My name is Anna Srey I am a community organizer in Mekong NYC. Mekong NYC is a social justice organization dedicated to uplifting South Asian community in the Bronx and across New York. So through community organizing and movement building,

fostering healing versus art and culture, and providing a robust social safety net. We aim to build community power. So, our community is primely made up of Cambodian and Vietnamese refugees who first arrive in the U.S. during the 80s as part of the refugee resettlement program. So, this migration was fueled by the devastating impact of war, genocide, and mass carpet bombing in southeast Asia, policy driven by the U.S. military in what many of us know as the Vietnam War. So one in the U.S. the resttelemnt process here was far from easy. So, our community faces ongoing struggles for survival economically, socially, and politically neglected areas like the Bronx and Brooklyn. So we're tens of thousands of our community members resettled and [inaudible] with the systemic poverty over policy, lack of access to living wage jobs over reliance on government benefits, unfunded schools, and high rates of mental health issues. So, a considerable number of our member base is dependent on government programs and resources such as food stamps, housing assistance, Medicaid and Social Security; over a third of Asian New Yorkers live in or near poverty, and 20 percent are non-citizens. An addition amount

of 43 percent of Asian American households that are led by citizens and living in poverty are dependent on SNAP benefits. Unfortunately, these numbers are disproportionately higher among southeast Asian families. Since 2012, Mekong NYC has worked to fill in the gaps that Vietnamese and Cambodian community members experience when trying to navigate social services. Despite the relief that our organization can provide, we still encounter barriers that are beyond our control and signifies a larger problem in the system. Federal budget cuts would pose even greater challenges to our community, because disinvesting from vital programs result in the great loss, and our members already insignificant social safety net. So the challenges our community faces when trying to access the key social services given that our federal cuts are significant-- for instance, language access for members who primely speak Vietnamese and Khmer is still inadequate as official documents and government agencies often lack translations, interpretations in Vietnamese and Khmer. This makes it incredibly difficult for members to understand important letters and documents, and even more frustrating for members to

show up to the court or welfare offices that do not have personal--

CHAIRPERSON RESTLER: [interposing] Thank you so much for your testimony. We really appreciate it, and happy to review anything further in writing if you're able to share it. Next up is Tanesha Grant from Parents Supporting Parents. Going once, twice.

TANESHA GRANT: I'm here. I'm here, Chair.

CHAIRPERSON RESTLER: Okay.

TANESHA GRANT: Don't be trying to do that to me.

CHAIRPERSON RESTLER: Alright.

TANESHA GRANT: Hey everyone. I'm Tanesha Grant from Parents Supporting Parents New York, and I'm here because these cuts proposed in HR1 to SNAP, Medicaid, hospitals, housing programs are going to hit my family and community hard. I'm also with social network activists and a bunch of other groups. I know what I'm talking about, because I live it, and I volunteer my time because these issues affect me and my community. I'm a mom of three and grandma to four grandkids with special needs. Seriously, how are these new work rules for SNAP

benefits in HR1 will affect people like my daughter who's taking care of her autistic non-verbal kid and autistic twins. I was in foster care and had a failed adoption as a kid, so my family really only has me. I've struggled with mental health issues since I was a kid which is why I'm fighting for more money for programs like B-HEARD. Currently, our communities face significant financial challenges, even prior to the implementation of these federal budget reductions. We consistently provide support to individuals requiring food assistance as their SNAP benefits are often depleted within the two-week period. Moreover, we actively advocate for individuals experiencing difficulties accessing health care benefits. Major cuts to housing assistance when we acknowledge the existence of a housing crisis is beyond reason. Therefore, it is imperative that these funding programs are enhanced rather than diminished by the proposed federal legislation. What are people who are disabled, homeless, mentally-ill, food-insecure, low-income or working class folks supposed to do? This will be catastrophic to our community members across New York City and will lead to more dire situations, including

more debt. We must be proactive and make sure that if these federal cuts do come, we can cover them financially through our New York City budget. These are serious-- these are necessary services that are needed to support our communities and it is inhumane to take what little support our communities get away. We appreciate the bills that New York City Council are proposing, but quite frankly, it's not enough. We are in a bad position and we will give more money-- and we will be in a worse position if the federal government cuts these funds. Finally, it is important to note that New York State is home to over 100 billionaires and over 700 multi-millionaires, many of whom reside on Park Avenue, often referred to as Billionaire's Row. We believe it is imperative to implement progressive tax reforms to generate new revenue. While the wealthy remain in the city, Black families and other communities of color are increasingly leaving. This-- I'm almost done. This outrageous HRA federal bill will cause more death and suffering for our most vulnerable communities. We implore the New York City Council to give serious consideration to progressive tax reform to generate the necessary revenue to protect our most vulnerable

populations against these cuts. Thank you for your time and attention to my testimony.

CHAIRPERSON RESTLER: Ms. Grant, I'm so glad we got you. That was great. Thank you for sharing your insights with us. Next up is Jane Ni, the Assistant Director of Policy at the Community Healthcare Association of New York State.

JANE NI: Hi, [inaudible]

CHRISTOPHER LEON JOHNSON: Sorry, wrong-- I'm Christopher Leon Johnson. Unmuted by accident, sorry.

CHAIRPERSON RESTLER: Jane Ni? Please mute whoever else is speaking. Jane Ni?

JANE NI: Can you hear me?

CHAIRPERSON RESTLER: Yes, go ahead.

JANE NI: Okay, thank you. So, good evening, Chairs and members of the committee. On behalf of the Community Health care Association New York State, I'm Jane Ni. I'm the Assistant Director of Policy, and I thank you for the opportunity to testify on the impact of the federal budget cuts on health centers. you may already know, CHCANYS represents over 80 federally-qualified health centers operating across more than 900 sites statewide. In

New York City alone, CHCs serve 1.3 million patients at over 400 sites, including mobile health center, providing essential primary preventive care, behavioral health, dental services, and more, serving every patients no matter their insurances or ability to pay. Specifically, in New York City we provide care for one in five Medicaid beneficiaries. And today, health centers, as you have heard earlier, are facing-- we are facing our most severe crisis in decades. The federal budget cuts puts New York City's New York health centers at $300 million in losses, threatening more than 1,600 fulltime jobs, and that's just a conservative estimate. These cuts come on top of existing financial strain. Over 60 percent of health centers have less than 90 days of cash on hand, and more than 20 percent have already had to reduce staff or close sites. And without immediate support, access to life-saving services are in critical danger. And these cuts, also threaten coverage for our patients. Over 100 health center patients could lose Medicaid coverage, and 450,000 New Yorkers remain at risk of losing the Essential Plan coverage. These changes disproportionately affect low-income working families, children, seniors

and people with disabilities. And for those who lose coverage, our health centers will be the last line of defense, and we will be forced to do more with less at a time when our system is already stretched. And Medicaid is the single largest source of revenue for health centers, accounting for 47 percent of total statewide revenue. So, cuts to our funding jeopardize ability to maintain services and keeping clinics open. And so what we are asking is to urge the Council to act now to support health centers so that all New Yorkers, everyone across New York City, can continue to have access to high-quality affordable care, and we also urge-- in our goal to ask and urge the New York City administration to implement the New York City Cares expansion to include community health centers which the Council actually passed several years ago. Community health centers are already doing the work and the injunction of funding from New York City Cares would greatly help health centers to sustain the services that we are providing if not expanded more. Thank you.

CHAIRPERSON RESTLER: Thank you so much, Ms. Ni, and we really appreciate your work at CHCANYS, and look forward to continuing this

conversation on these really important issues and the budget cycle ahead. So, thanks for being with us. Last up is Christopher Leon Johnson, and we'll just remind the speaker that it has to remain relevant to the hearing topic.

CHRISTOPHER LEON JOHNSON: Yeah, I will. I will. Can you hear me now?

CHAIRPERSON RESTLER: You're good.

CHRISTOPHER LEON JOHNSON: Can you hear me?

CHAIRPERSON RESTLER: Yes, we can hear you.

CHRISTOPHER LEON JOHNSON: Hello, my name is Christopher Leon Johnson. I'm at City College right now getting ready for an event in 20 minutes for Sandy Nurse, Lydia Goloppa [sp?], and all these people from the housing organization. You'll see [inaudible] on Twitter [sic]. Alright, so I'm here up in Uptown Manhattan. So-- to make that clear. So [inaudible] right now is that the reason that Eric Adams administration did not show up to the-- to this hearing today is because he's captive to Donald Trump and Donald Trump owns him, and I think you know and everybody in politics know that Eric sold out the

City to Donald Trump. So, don't expect him to send MOIA, anybody like this about anything that's tied to Trump. Don't expect him to say-- appoint anybody about this. And it's sad to people that want to hear from the administration, but it's the truth. Now, I want to make clear that I know there's a lot of social housing nonprofits and these so-called housing nonprofits that make millions, billions of dollars in contracts. I believe that the City Council need to start defunding those contracts and start giving it to every organization that pushes for workforce housing, and push it-- and give it to organizations that really doing the work and trying to give-- they're trying to deliver jobs to people. Just like earlier today, the prior hearing that we was at, the Transportation hearing with TWA and Worker Justice Project and IDG and Justice for At [sic] Workers, I believe that that money should be going to them, because at least those guys and gals are working, and those guys are trying to find ways to make some money for work and really busting their butt. I believe that the City Council need to start blocking every contract that they give out to these homeless nonprofits, especially WIN, Women in Need, because

they make too much money. They make millions of dollars and they do nothing for the people that they supposed to serve, and like I said, that money was given to a nonprofit that I mentioned before, and when they-- when we start doing OSHA trainings and job training to where that you don't have to worry about depending on SNAP and also at that, they would work. Now, I'm calling on City Council to find a way to start giving these deliveristas and taxi drivers the same benefits that they give to the people at Vocal New York like the Section 8 housing, the SNAP, all the social programs. They deserve the programs, too. Why are we-- why this city and the City Council celebrating a nonprofit that glorifies being a parasite while they bury and they take-- they take to the-- for the month all the nonprofits that do their best to help people. Like, look, if you don't work, you don't eat. Like the Worker Justice Project, TWA, [inaudible] IDG, and all these like Justice App [sic] workers where they-- like [inaudible] those guys are migrants, too, and they're migrants and immigration nonprofits and most of them are migrants, and we should help them out, too. This is a migrant loving city. This is a Sanctuary City. So, this is a

Sanctuary City, and I know the City Council loves to say like we need to start giving wealth benefits to the people that don't work. We need to start giving the benefits to the migrants that actually work, the migrants that actually--

CHAIRPERSON RESTLER: [interposing] Chris, thank you so much for your testimony.

CHRISTOPHER LEON JOHNSON: [inaudible]

CHAIRPERSON RESTLER: We appreciate you joining us. Hope you have a good night at City College. And with that, we're going to adjourn the hearing. I want to thank the staff and the Sergeant of Arms and for everybody's help and all the folks who testified and attended today.

[gavel]

C E R T I F I C A T E

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

Date October 13, 2025