Testimony
of
Michelle Morse, M.D, MPH
Acting Health Commissioner
New York City Department of Health and Mental Hygiene
before the
New York City Council Committee on Health
on
Detecting, Preventing, and Responding to Public Health Emergencies

February 19, 2025
City Hall
New York, NY

Good morning, Chair Schulman, Chair Moya and members of the Committee and subcommittee. I am Dr. Michelle Morse, Acting Commissioner of the New York City Department of Health and Mental Hygiene. I am joined here today by my colleague Vasudha Reddy, Deputy Director of the Bureau of Communicable Diseases. Thank you all for the opportunity to testify on New York City's response to public health emergencies.

Together, New York City lived through the collective trauma of the last major public health emergency—we know the stakes are high. But the New York City Health Department has been responding to public health crises since our founding 220 years ago. Crisis response is at the heart of what we do in public health—but each emergency is different. Our city and our agency have learned many lessons since the first case of COVID-19 was confirmed nearly five years ago in New York City.

In 2022, following both the COVID-19 and mpox emergencies, the NYC Health Department committed to improving its emergency preparedness. And in light of the significant racial inequities we saw in health outcomes during the height of the pandemic, we understood that we needed to prioritize equity in our strategic planning.

We started by building a shared definition of equitable response readiness with the input of more than 1,000 Health Department staff. The next step was building a blueprint for a response that embeds equity, trust, agility, and resilience into the agency's architecture. Over the next few years, we will be implementing that blueprint across our agency.

When the next emergency hits, this blueprint will ensure we have what it takes to prioritize disproportionately impacted communities; collect, analyze, and share public health data in as close to real time as possible; and—crucially—to operate as part of a larger public health system with partners at all levels of government: local, state, national, and international.

I underscore that last point because public health is global: communicable disease is not constrained by borders. From HIV to COVID-19, we have seen time and again just how quickly local public health challenges can become global health crises.

Our Health Department has a strong system of disease surveillance**,** which is a population-level practice of data collection and analysis. Surveillance systems are used to establish and monitor patterns of disease, identify outbreaks, and inform strategies for prevention and control.

That larger system is paired with the work of disease investigation: the process of collecting information about a person or a group of people who have suspected or confirmed cases of infectious disease. Investigations can include interviews with the impacted person and their healthcare provider, reviews of medical records, and contact tracing.

Those systems, however, are reliant on national and global public health infrastructure. We need timely and accurate information from the Centers for Disease Control and Prevention. We rely on the World Health Organization for access to their comprehensive surveillance of both routine and emerging public health threats around the world. New York City is the largest hub of international travel in the United States. We cannot afford to operate in a vacuum.

Here at the Health Department, we will continue to rely on data, science, equity, and our values to guide our decisions. We have 220 years of experience deepening our public health expertise, refining our data-driven approach, and engaging the public. For as long as this agency has existed, we've protected the health and safety of our city, supported by factual information grounded in science. We remain committed to those principles.

There have been a lot of announcements and policy changes coming from the new federal administration, especially around federal funding. We are monitoring federal policy closely as it develops and planning accordingly. Approximately 20 percent of our budget is federally funded. That amounts to 600 million dollars, the majority of which go towards infectious disease control and emergency preparedness. We expect the federal government to honor the commitments that it made through grant agreements and contracts that fund vital public health services benefiting New Yorkers.

As we prepare for unknowns in federal public health funding and possible changes in federal public health guidance, we will become more reliant on state and local dollars. Right now, New York City is <u>also</u> operating on reduced funding from the state.

Article 6 determines the state's contribution to public health services provided by local health departments. In 2019, New York City's matching funds for Article 6 were reduced from 36 percent to 20 percent. We were the only local jurisdiction to have our public health funding cut.

In the years since, we have lost upwards of 90 million dollars a year in state public health funding. Yes, 90 million dollars. This is not just an issue of parity with the rest of the state, it's an issue of health equity. New York City has the largest population of Black, Latino, Indigenous, and people of color in the state. We are also home to the most individuals with low incomes and the largest portion of Medicaid recipients in New York. These are our neighbors, loved ones, colleagues, and friends.

Regardless of the federal context, our residents deserve equal access to New York State public health funding. Given the vulnerability of our federal funding, this issue has never been more important or timely.

To be able to meaningfully promote and protect the health of New Yorkers—as my agency is charged to do—we need consistent and sustainable funding sources. In public health, we often see a 'boom and bust' cycle of funding, where money swells during emergencies and dries up in the intervening years. We do not invest in public health prevention—we invest in our sick care system.

As I mentioned at the start of my testimony, the New York City Health Department was founded in a moment of crisis 220 years ago. The Board of Health first convened in response to a Yellow Fever outbreak in 1805. For the next 50 years or so, the city only devoted time and money to public health in moments of crisis. The organization would otherwise lie dormant.

We now know that public health works best *as* preventative health. The Health Department's work creates an invisible shield that keeps New Yorkers safe. That is life-saving work, and it extends far beyond emergency response. It has a tangible impact on the everyday health and longevity of our community. It requires, however, a sustained investment.

In 1913, then-Commissioner Hermann Biggs said: "Public health is purchasable. Within natural limitations, a community can determine its own death rate." In other words, we can literally buy ourselves more health and time. And over the course of history, we have.

When Commissioner Biggs led the Health Department, life expectancy for New Yorkers was in the late forties. Now, it's well over 80. Through investments that have created leaps forward in public health science and interventions—like clean water, vaccines, and improved sanitation—we've bought ourselves decades of more life.

Those investments fund a matrix of work happening across our city each and every day. More than 7,000 people work at the Health Department, and all of them work for more than 8 million New Yorkers in one way or another.

For example:

To prevent food-borne illness, we inspect more than 30,000 food service locations for food safety—including restaurants, school cafeterias, and food trucks.

To ensure every child in New York City has access to vaccines, we distribute more than 2.5 million doses of pediatric vaccines to more than a thousand different healthcare providers.

To prevent the spread of disease, we conduct thousands of disease investigations related to certain sexually transmitted infections, food-borne illnesses, waterborne illnesses, and other infectious diseases.

To prevent overdose deaths, we distribute more than 300,000 naloxone kits and more than 54,000 fentanyl test strips.

To meet New Yorkers where they are and build trust on the ground, we've equipped more than 5,000 community health workers to join our Public Health Corps.

To support parents who are pregnant or have young children, we've provided more than 20,000 families with nurses, doulas, and community health workers.

To support people who do not want to be pregnant, or those who cannot safely carry a baby to term, we've fielded calls from more than 8,000 people at the Abortion Access Hub.

Lastly, to celebrate the joy of a new birth or mourn the loss of a loved one, we issue more than a million birth and death certificates annually.

That's just a glimpse of our work.

No matter what lies ahead, our efforts will continue to be driven by data, science, and health equity. We will defend the health and wellbeing of every New Yorker regardless of race, gender identity, socioeconomic status, ability, or ZIP code. And we will continue to work towards longer, healthier lives for all our city's residents. When you invest in the Health Department, that's what you're investing in.

Regardless of whether we're in a period of public health emergency, our work touches every aspect of New Yorkers' lives—quite literally from birth to death. I am so proud to serve New York City, where we are committed to upholding the full spectrum of public health services and ideals, where we declared racism a public health crisis, and where we remain committed to racial equity in all facets of our work citywide. Especially in a time where trust in government may be fragile, we owe it to New Yorkers to keep doing this work.

As a practicing physician, I am inherently asking every patient I care for to trust me with their life. That trust cannot be given, it must be earned. Trust is gained in drops and lost in buckets. The NYC Health Department is committed to gaining your trust drop by drop.

For more than two centuries, we've been the pinnacle of public health in the United States. That should not change now. Thank you, Chair Schulman, Chair Moya, and members of the committee and subcommittee, for your ongoing partnership and support. I'm happy to answer any questions.

Testimony at the Committee on Health Oversight Hearing on Detecting, Preventing, and Responding to Public Health Emergencies in NYC
Wednesday, February 19th, 2025

Good afternoon, Chair Schulman and esteemed members of the Committee on Health. My name is Justine Tetteh, and I am the Director of Policy and Advocacy at Lenox Hill Neighborhood House. Thank you for holding this important health oversight hearing.

I am here today to represent my colleagues, our clients, and communities served by Lenox Hill Neighborhood House. Lenox Hill Neighborhood House was originally founded in 1894 as a free kindergarten for immigrants and is among the oldest settlement houses in the nation. At its core, the work has not changed since our founding – we still educate children, feed hungry neighbors, care for the elderly, advocate for vulnerable individuals and provide critical, comprehensive services to communities in need, helping them to gain the skills they need to strength themselves today and build a better community for tomorrow. As a licensed mental health counselor who has worked with vulnerable communities, it is an honor to advocate for our underserved community members and shed light on how our city can improve emergency preparedness, prevention and response protocols. More than our advocacy, our underserved community members need information, safeguards, and representation from our city agencies and elected officials that ease financial and social instability before, during and after disastrous public health emergencies.

Lenox Hill Neighborhood House provides essential services to over 15,000 New Yorkers in need annually including emergency response and preparedness. Our Older Adult Centers, which serve over 5,000 Older New Yorkers annually serve as Cooling Centers during heat emergencies 7 days a week. In addition to providing three nutritious farm-to-table congregate meals, our members also have access to a daily calendar of social activities and programming, and comprehensive on-site social service support – benefits assistance, access to healthcare, referrals, transportation, case assistance, and mental health support. Our Women's Mental Health Shelter at the Park Ave Armory, which operates 24/7 365 days a year, provides emergency shelter to 80 women living with mental illness daily, and responds to both Code Red and Code Blue weather emergencies. Each year we support over 200+ women experiencing homelessness. We have fostered safe spaces for community members with limited resources and respond to emergency needs across our programs and services from children and families to older adults. Just as the neighborhood house has worked on providing safe spaces for the community, we urge the city to reevaluate their public health preparedness, especially considering our new federal administration.

The Covid-19 pandemic was unprecedented and unpredicted, however quickly and significantly rippled through our city and uprooted our communities, healthcare system, social service resource reserve, and workforce. As we move forward in rebuilding our city after a tumultuous five years, it is imperative that our local government recognizes the need to

strengthen agency coordination, communication, and emergency response procedures. It is our job as the community advocates to be a voice for vulnerable New Yorkers. Emergency response is more than a plan of action. Emergency responses are access to community resources, providers and organizations supporting the community during difficult times, investing in emergency services for people on the front lines of crisis, emergency funds relief for people in need, and emergency protocols to address food insecurity during public health emergencies. The implementation of increased community outreach, particularly outreach that is language and culture-sensitive, increased investment in emergency systems, improved communication and coordination between city health agencies, and investment in emergency protection for low-income individuals and families will ensure that our city's health systems will improve and serve all. While we recognize that investments in improving these systems will not be immediate, we remain hopeful that more recognition of these issues will spark movement in our never-ending work to prioritize the health and wellness of our community members and social service organizations like Lenox Hill Neighborhood House. We urge local stakeholders to prioritize proactivity instead of reactivity to ensure that our community members – clients, students, families, employees – are reminded that their wellness is the foundation of our city's sustainability.

Thank you for the opportunity to be a voice for our community.

CARING MAJORITY RISING

My name is Bobbie Sackman. For 28 years, I was the Director of Public Policy at LiveOn NY. I am now a Campaign Leader with the NY Caring Majority/Caring Majority Rising. We are a movement of older adults, people with disabilities, family caregivers and domestic and home care workers from all across the state. **NYS has the largest shortage of home care workers in the nation primarily due to low wages.**

Home care workers are predominantly WOC/immigrant women. The NYC home care workforce is 65% immigrants. Given the dangerous climate for immigrants today, please keep in mind how this could impact home care workers – and cut off the pipeline for future home care workers. Millions of voters have literally voted their care away.

I'd like to provide some context for how we ended up where we are today.

Starting in 2020 the Caring Majority embarked on our bold Fair Pay for Home Care campaign with the goal of legislating that home care workers would be paid 150% of minimum wage. With broad bipartisan support, we had a small win - $3/hour increase. This was hardly enough to be considered fair pay, but it was a start. We are grateful that City Council, under the leadership of Councilmember Crystal Hudson, Aging Chair, sent a resolution to Albany supporting Fair Pay for Home Care. Governor Hochul has been trying to push back on that small increase ever since.

Then the Caring Majority worked with state legislators to introduce the Home Care Reinvestment and Savings Act (HCRSA). Its purpose would be to end the involvement of Managed Long Term Care companies who are sucking upwards of $3 billion dollars a year in profit from home care Medicaid. Funds that could be used for higher wages and adequate hours of care. Advocates are always told to find the money – well, we did. But Governor Hochul's next steps confounded us and have brought us to this hearing and resolution today.

Towards the very end of the FY24-25 budget session, Governor Hochul and the state Department of Health suddenly spring a plan to force on the state legislature whereby the state would have only one fiscal intermediary (FI) in the Consumer Directed Personal Assistance Program (CDPAP). Imagine suddenly springing major changes to a $9 billion contract.

CDPAP, championed by the disability community decades ago, allows consumers of home care to self-direct their care – including hiring their own personal aides which could be family members. FIs serve the function of payroll and other administrative functions. Independent

CARING MAJORITY RISING

Living Centers have acted as FIs and built wraparound supportive services. There are currently over 600 FIs across the state. Some of this growth is to serve a broad array of culturally and linguistically diverse communities. **Despite vociferous opposition from the state legislature on both the suddenness of this proposal, the proposal itself and the timeline to accomplish this transition, Governor Hochul used her power to push it through. This despite all the warnings that have tragically, but not surprisingly, come to fruition. Legislation has been introduced to end the transition and establish a licensure system for FIs (S.1189/A.2735).**

Please see the attached two page update on CDPAP to see the irresponsible place state DOH has placed itself and over 700,000 New Yorkers who participate in the CDPAP program statewide. There are 280,000 consumers and 425,000 personal assistants in the CDPAP program – about 200,000 consumers live in NYC. **Surely, thousands of CDPAP consumers live in all your districts.** As you will see, serious questions about PPL, the one FI now, keep growing over time.

Governor Hochul has said that CDPAP is a "racket". That inappropriate language landed hard on the hearts of hundreds of thousands of New Yorkers depending upon care or working in the CDPAP program. The NYS Medicaid Inspector reported only $46,000 of improper payments in a 2022 survey. That's truly minor in the world of government payments. Yet, millions of dollars of fraudulent funds were found with the MLTCs, insurance companies – that's where the real racket lies.

Bottom line – we are no further along with Fair Pay for Home Care. No further along stopping the insurance companies from milking $3 billion a year out of home care. But we are closer to a collapse of the CDPAP program.

On behalf of the NY Caring Majority, we greatly appreciate your support. We hope you will pass this resolution unanimously and send it off to the Governor and state legislature ASAP. ***The clock is ticking.***

The Consumer-Directed Personal Assistance Program (CDPAP) is a popular home care program in New York that allows participants to hire a loved one, a neighbor or someone they personally choose to provide their home care.

Governor Hochul is waging an attack on CDPAP that could result in thousands of consumers losing services and personal assistants losing pay.

CDPAP is currently administered by over 600 providers called "Fiscal Intermediaries." Many of these providers are community-based. Not only do they process payroll, but provide services based on culture, language, region and disability that allow people to keep their services and stay out of nursing homes.

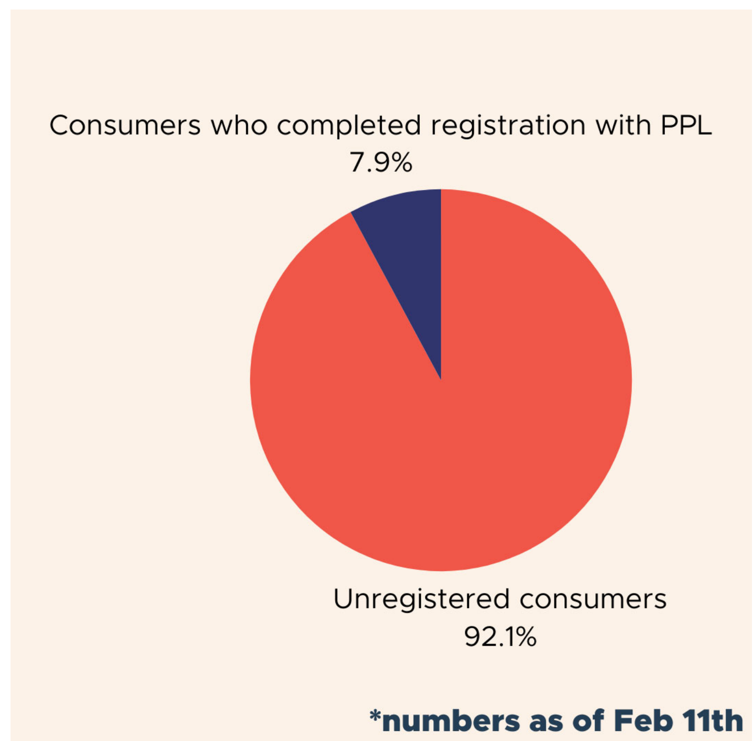
In last year's budget **the Governor pushed through a last minute proposal to replace these providers with one company**, that will only process payroll and will not provide additional services

By April 1st, ALL 280,000 consumers and 425,000 personal assistants in the consumer-directed program must switch to this new payroll company called Public Partnerships LLC.

Switching over to PPL entails every personal assistant correctly completing and uploading 15 different forms.

The Department of Health says they are "on track" to meet the April 1 deadline.

The Department of Health's own numbers tell a different story:



PPL Transition: PROBLEMATIC ON SO MANY LEVELS!

- **PPL is a private-equity backed for-profit corporation** with little experience in NY They agreed to an impossible three month transition timeline
- **PPL has been kicked out of five other states** for contract violations and mismanagement, including not paying workers
- **The enrollment process in NY has been riddled with problems**, including dropped calls, inability to access help in languages other than English, lack of wage transparency and tech errors on PPL's overloaded online portal

Right now, anyone who doesn't make it into PPL's system by April 1st will lose their home care services and their workers won't be paid.

If the Governor continues to insist on the current timeline, **the results will be catastrophic** - forcing people into nursing homes and emergency hospitalizations due to lack of home care.

TAKE ACTION!

- **Speak to leadership immediately and ask for a halt to the transition to PPL**
- **Co-Sponsor S.1189/A.2735 - Fiscal Intermediary Licensure Requirement bill** - *Replace the handover to PPL with a more responsible approach that would provide additional oversight of FIs while protecting the home care that so many New Yorkers have come to rely on.*
- **Co-Sponsor S.2332/A.2018 - The Home Care Savings & Reinvestment Act** - *Stop NY from giving insurance companies billions of dollars meant for the home care sector and ensure consumers get the care management they need.*

Questions? Contact us:

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El Programa de Asistencia Personal Dirigido por el Consumidor (CDPAP) es un popular programa de atención domiciliaria en Nueva York que permite a los participantes contratar a un ser querido, un vecino o alguien que ellos personalmente elijan para que les brinden atención domiciliaria.

La gobernadora Hochul está llevando a cabo un ataque al CDPAP que podría provocar que miles de consumidores pierdan servicios y que los asistentes personales pierdan su salario.

Actualmente, el CDPAP está administrado por más de 600 proveedores llamados "intermediarios fiscales". Muchos de estos proveedores son comunitarios. No solo procesan la nómina, sino que brindan servicios basados en la cultura, el idioma, la región y la discapacidad que permiten que las personas conserven sus servicios y no tengan que ingresar a hogares de ancianos.

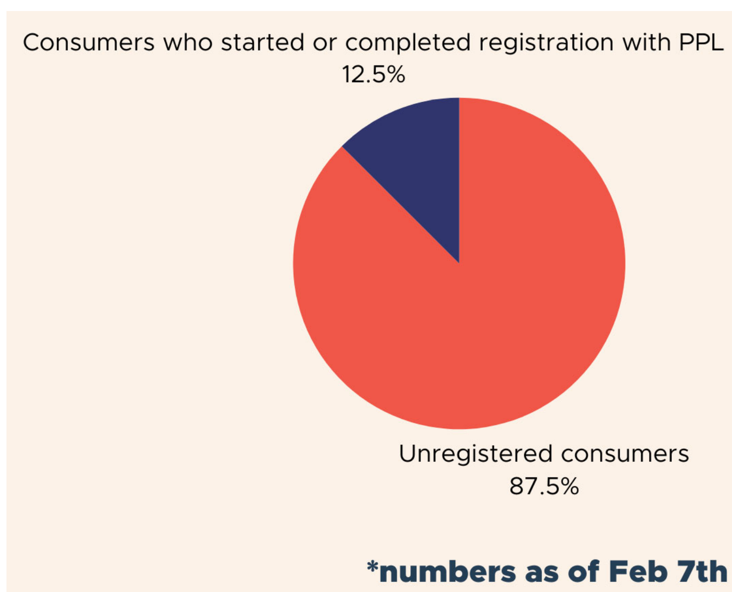
En el presupuesto del año pasado, **la gobernadora impulsó una propuesta de último momento para reemplazar a estos proveedores con una empresa**, que solo procesa la nómina y no brindará servicios adicionales.

Para el 1 de abril, TODOS los 280.000 consumidores y 425.000 asistentes personales en el programa dirigido por el consumidor deben cambiarse a esta nueva empresa de nómina llamada Public Partnerships LLC.

El cambio a PPL implica que cada asistente personal complete y cargue correctamente 15 formularios diferentes.

El Departamento de Salud dice que están "en camino" de cumplir con la fecha límite del 1 de abril.

Las propias cifras del Departamento de Salud cuentan una historia diferente:



Transición a PPL: ¡PROBLEMÁTICA EN MUCHOS NIVELES!

- **PPL es una corporación con fines de lucro** respaldada por capital privado con poca experiencia en Nueva York. Acordaron un cronograma de transición imposible de tres meses.
- **PPL ha sido expulsada de otros cinco estados** por violaciones de contrato y mala administración, incluido el no pago a los trabajadores.
- **El proceso de inscripción en Nueva York ha estado plagado de problemas**, incluidas llamadas interrumpidas, incapacidad para acceder a ayuda en idiomas distintos del inglés, falta de transparencia salarial y errores técnicos en el sobrecargado portal en línea de PPL.

<u>En este momento, cualquiera que no ingrese al sistema de PPL antes del 1 de abril perderá sus servicios de atención domiciliaria y sus trabajadores no recibirán su pago.</u>

Si el gobernador sigue insistiendo en el cronograma actual, los resultados serán catastróficos: obligará a las personas a ingresar en hogares de ancianos y a hospitalizaciones de emergencia debido a la falta de atención domiciliaria.

¡ACTÚE!

- **Hable con los líderes de inmediato y solicite que se detenga la transición a PPL**
- **Co-patrocinador del proyecto de ley S.1189/A.2735** sobre el requisito de licencia de intermediario fiscal: reemplace la transferencia a PPL con un enfoque más responsable que brindaría una supervisión adicional de las instituciones financieras y, al mismo tiempo, protegería la atención domiciliaria de la que tantos neoyorquinos dependen.
- **Co-patrocinador del proyecto de ley S.2332/A.2018** sobre el ahorro y la reinversión en la atención domiciliaria: impida que Nueva York les dé a las compañías de seguros miles de millones de dólares destinados al sector de la atención domiciliaria y garantice que los consumidores obtengan la gestión de la atención que necesitan.

¿Preguntas? Contáctenos:

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February 8, 2025

To Whom It May Concern:

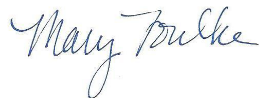
My name is (the Rev.) Mary Foulke, and I am the Rector of St. Mary's Episcopal Church in Harlem. I am a supporter of WE ACT for Environmental Justice. I am also a constituent of City Council District 7.

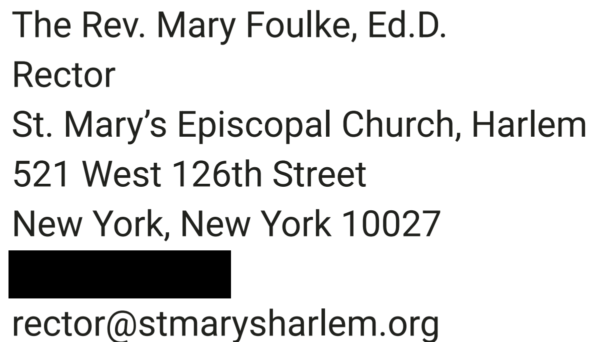
I want to thank Committee Chair Schulman for receiving my testimony in support of common sense climate policy. The Cooling Center program is a critical safety net for low-income New Yorkers during extreme heat events. The last two years recorded the hottest global temperatures in history, with 2024 being the first year to exceed the Paris Agreement's global warming limit of 1.5℃. The weather we experienced last summer was not a fluke. We must have a free, equitable, and accessible emergency response to protect the health of all New Yorkers from extreme heat, especially those who live in environmental justice communities.

The Cooling Center program needs more support in my neighborhood because there are few residential buildings with central air-conditioning, and too many people who do not use air-conditioning even if they have window units because of the expense on their utility bills. Also, people who do not have a place to live are at the mercy of all the weather during the day even if they go to a shelter at night; the spaces that are open and available to the public are not very many. I live right next door to Sheltering Arms Park, which is a haven for many without adequate cooling inside their homes, including many seniors; yet because of the increasing temperatures, there are days when even the park cannot provide relief.

Introduction 998 would enable the Cooling Center program to better serve communities of color and low-income, which suffer the most from extreme heat. I strongly urge the City Council to pass this legislation including adequate funding for the Cooling Center program. The objectives laid out in this bill can only be realized if the City reinforces its climate disaster response ideals with fiscal support. Thank you for your time and consideration.

Peace,





The Rev. Mary Foulke, Ed.D.
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Testimony for the New York City Council Committee on Health Hearing
February 19, 2025

Maggie Ornstein, PhD, MPH, family caregiver, long-term care researcher

I am pleased to testify in support of strong investments in health through investments in home care through the Consumer Directed Personal Assistance Program (CDPAP). Older adults and New Yorkers with disabilities deserve to live and age safely and with dignity in their homes and communities. Paid and family caregivers deserve adequate support in their dedication to the provision of care. And, so I urge you to take action to protect the 280,000 home care recipients and 425,000 home care workers who use the CDPAP and receive care in their communities. 200,000 of these consumers live in NYC and need your help.

I write this testimony as a family caregiver and in tandem with my mother, Janet, who 29 years ago had a near fatal cerebral aneurysm rupture, which left her in a coma and minimally conscious state, and on life support for nearly five months. As one of New York City's more than 1 million family caregivers, who contributes to the nearly $40 billion worth of unpaid care provided across the state, I know first-hand how important investing in our caregiving infrastructure is.

My mom lived in a nursing home for five years and I was with her nearly every day, doing the jobs of overburdened workers. When she came home nearly 25 years ago, I was responsible for all of her care. **I was 22 years old**. At the time we lived with my grandmother, then 92 years old and with increasing care needs that fell to me. I received no assistance, financial or otherwise, as an unpaid family caregiver. I alone had to figure out how to maintain our home in Queens where my family has lived for five generations so we all wouldn't be homeless. I also needed to maintain work for pay in order to have health insurance, all while managing the complex care of two people. After my mom came home, I was saving NYS taxpayers ~$300,000 each year by providing care at home, as opposed to the costly and poor care found in nursing homes.

My grandmother died in my arms at home at 102 years old. She did not have access to home care services through Medicare or her private health insurance and so I was forced to make difficult decisions about spending her resources on paid care, delaying my own education and reducing my paid employment. Luckily, her savings and my unpaid care got her through the end of her life. However, **adequate care shouldn't depend on luck or exploited family labor.** Many older adults aren't this lucky. A new report by the Center for an Urban Future paints a sobering picture of the dire financial insecurity faced by older adults throughout NY State. Decades of unpaid caregiving, which has limited my paid employment makes me fearful of how I will provide for my own care needs as I age.

A few years ago, my mother was diagnosed with cancer. It blindsided me- how could we add cancer to her brain injury? How would I cope with the new realities of the care she will need as she approaches the end of her life? What if I need to give up my part-time employment because of her increasing needs and inadequate access to home care services? It felt time to seriously look into the CDPA Program as a means of financial support for me, as I continue to provide care, which will only increase. In 2023, after difficulty finding accurate information and dealing with the eligibility process, my mother was approved for the CDPAP. It has been life changing for both of us. She now has more paid care, provided by people of her choosing, and I am

receiving pay for some of the hours of care I provide. **Prior to this program, I was solely responsible for and on call for *128 hours of care each week*. I donated the equivalent of three full time jobs worth of hours each week to care for my mother, saving NYS and taxpayers millions of dollars over decades. Family caregivers across NYS deserve support for these countless hours--CDPAP is that support.** For the first time, I can breathe a little better knowing I have some element of financial security due to the ability to be paid as my mother's caregiver through CDPAP.

CDPAP is *the only program in NYS* that supports older adults and people with disabilities *and* their family caregivers. It should be expanded and supported, not jeopardized or reduced! It is a lifeline that is essential to not only the well-being, but very survival of vulnerable New Yorkers. I urge you to consider the absolute urgency and need to protect and strengthen this unique and valuable program. It is clear that this transition plan is already a failure- we have yet to hear anything from our existing fiscal intermediary (FI) about the transition or from PPL, who was handed this contract, despite an undisclosed conflict of interest that could have prevented them from securing the contract. In addition, PPL's operation in other states suggests they are incapable of adequately providing care through the CPDAP. In Pennsylvania, the transition to PPL was deemed "a disaster". Mismanagement cost the state an extra $7 million a year when consumers had so much difficulty they switched to a more expensive model of care. Additional evidence suggests that PPL's management failures has resulted in is individuals "being denied life-critical services". NY legislators must protect CDPAP consumers from this dangerous transition.

We need to block the transition from going further and pass legislation to build a home care system that works for recipients and the paid and family caregivers who care for them, rather than for profit insurance companies. To that end, please pass the resolution to support the Fiscal Intermediary Licensure Requirement bill (S.1189/A2735), which would replace the handover to PPL with a more responsible approach that would provide additional oversight of FIs while protecting the home care that so many New Yorkers have come to rely on. For the longer term, The Home Care Savings & Reinvestment Act (S.2332 /A2018) would stop NYS from giving insurance companies billions of dollars meant for the home care sector and ensure consumers get the care management they need.

Our collective health depends on bold commitment and investments in health for people who need care, as well as all of those who provide it. I hope you understand the necessity of protecting CDPAP to support people like my mother, family caregivers like me and the care workers we so desperately depend upon. Please do everything in your power to encourage the Governor and state legislature to halt this dangerous transition that will make the lives of so many New Yorkers more dangerous and precarious.

Sincerely,

Maggie Ornstein

Maggie Ornstein, PhD, MPH
tayamo@gmail.com

Hello, my name is Babary Sawo. Thank you for giving me the opportunity to testify today.

I am the personal assistant for José Hernandez, and I started working for him during the pandemic after his longtime personal assistant passed away from COVID-19.

I am a constituent of Sen. Rivera, and I am here to support his bill, S.1189, which will create a process for current fiscal intermediaries to obtain licenses. This will help preserve the care that consumers are currently receiving and allow me to continue providing the care José needs to live healthily and independently in the community.

My current fiscal intermediary pays me enough to cover my rent and provide food for my family. However, if I were to transition to PPL, I would lose income on the date of enrollment. I enjoy my job, and I care about my consumer. We have worked together for the past four and a half years, but PPL is making it difficult for me to continue providing care for José. If I have to take a pay cut, I will have to decide whether to stay in this industry or seek other employment to ensure I can continue paying my rent, bills, and providing food for my family.

Although I want to continue working for José, I also have a family to support. PPL does not have a reliable history of paying their workers on time. If this were to happen to me, I would risk not being able to feed my family or possibly becoming homeless. My landlord will not allow me to stay without paying rent, and the supermarket will not let me purchase food on the promise that PPL will eventually pay me.

Thousands of PAs like myself will have to decide between staying with their consumers or protecting their families, and PPL will be the deciding factor.

Please pause the transition and support Sen. Rivera's bill so that companies like the one I currently work for can allow me to continue caring for my consumer while also providing a home and food for my family.

Thank you.

Hello, my name is José Hernandez, and I would like to thank Councilmember Schulman for your leadership and the opportunity to speak today.

I am here to express my support for Senator Rivera's bill and to thank the Council for recognizing the importance of this legislation in protecting disabled and older New Yorkers who rely on CDPAP services.

Last year, in a deal orchestrated by 1199, the Governor, and possibly PPL, the Consumer Directed Personal Assistance Program—the program hundreds of thousands of disabled and older New Yorkers rely on—was sold to the highest bidder, which was PPL, a company with a horrible reputation in other states. The RFP seemed tailored for PPL to win and disrupt care, as they have done in other states.

Many of us were concerned about the transition. That transition has started, and many of us are terrified of what our future may hold. For some of us, it may mean nothing. However, for many of us, the reality is that we are going to lose our trusted PAs—the people who kept us safe during the pandemic and continue to keep us healthy and living in the community.

The Department of Health, the Governor, and PPL have continued to claim that everyone will be covered. However, the transition process is extremely flawed. I know this because — I have the opportunity to speak to others who have started the process and have experienced complications, which are terrifying to me. For many disabled and older New Yorkers, this process is going to be extremely difficult, if not impossible. They will have to make difficult decisions: either go without care or face institutionalization, a fate many of us consider worse than death.

Imagine being disabled all your life or becoming disabled and able to successfully live independently in the community because of CDPAP, only to have organizations like 1199, the Department of Health, and elected officials like the Governor disrupt our lives? They only see numbers, not people. For this reason, I want to thank you, Senator Rivera, personally because you have always seen disabled and older New Yorkers—as human beings with lives, not just numbers.

I could continue to speak at length about this topic and the dangers of this transition, but I hope that with the help of the City Council, the Senate, and other elected officials, this process can be halted to prevent thousands, if not hundreds of thousands, from being harmed.

Thank you.

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. ______ Res. No. ______
☐ in favor ☐ in opposition

Date: 2/19/25

(PLEASE PRINT)

Name: Vasudha Reddy Deputy Director [illegible]

Address:

I represent: NYC DOHMH

Address: 42-09 28th St. LIC NY 11101

THE COUNCIL
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Appearance Card 7

I intend to appear and speak on Int. No. ______ Res. No. 0401-2024
☐ in favor ☐ in opposition

Date: 02/19/2025 2024

(PLEASE PRINT)

Name: DaShell Brooks-Harris

Address: [illegible], NY 114[illegible]

I represent: National Blood Clot Alliance

Address:

THE COUNCIL
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Appearance Card 6

I intend to appear and speak on Int. No. ______ Res. No. 642
☐ in favor ☐ in opposition

Date:

(PLEASE PRINT)

Name: Elizabeth Polanco

Address:

I represent: Caring Majority CDPA

Address:

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THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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☒ in favor ☐ in opposition

Date: 2/19/2025

(PLEASE PRINT)

Name: SASHA GUILLAUME
Address: New Rochelle, NY 10801
I represent: Principle Homecare, LLC
Address: 807 Lydig Ave Bronx NY 10462

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Appearance Card

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☐ in favor ☐ in opposition

Date: ________

(PLEASE PRINT)

Name: Bakary Laws
Address:
I represent:
Address:

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Appearance Card

I intend to appear and speak on Int. No. ________ Res. No. ________
☐ in favor ☐ in opposition

Date: ________

(PLEASE PRINT)

Name: Jose Hernendez
Address: Bronx, NY
I represent:
Address:

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Appearance Card

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☐ in favor ☐ in opposition

Date: ______

(PLEASE PRINT)

Name: Dr. Michelle Morse
Address: Acting Health Commissioner
I represent: NYC DOHMH
Address: ______

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. ______ Res. No. 642
☐ in favor ☐ in opposition

Date: ______

(PLEASE PRINT)

Name: Anastasia Somoza
Address: ______
I represent: ______
Address: ______

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: 02/19/2025

(PLEASE PRINT)

Name: Justine Tetteh
Address: 331 E 70th St New York, NY 10021
I represent: Lenox Hill Neighborhood House
Address: ______

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Appearance Card

9

I intend to appear and speak on Int. No. 650 Res. No. ______

☑ in favor ☐ in opposition

Date: 2/19/25

(PLEASE PRINT)

Name: Christopher Leon Johnson

Address: ______

I represent: Self

Address: ______

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Appearance Card

I intend to appear and speak on Int. No. ______ Res. No. ______

☐ in favor ☐ in opposition

Date: Feb 19, 2025

(PLEASE PRINT)

Name: Sharon Brown

Address: ______

I represent: Rose of Sharon Enterprises

Address: 43 Madison Street 3F
Bklyn NY 11436

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