American Cancer Society
Cancer Action Network
132 West 32nd Street
New York, NY 10001
212-237-3853
www.acscan.org/ny
michael.davoli@cancer.org

Testimony of American Cancer Society Cancer Action Network
to the New York City Council Committee on Hospitals

June 24, 2020 • New York, NY

Chair Rivera, members of the Committee on Hospitals and all distinguished members of the City Council, thank you for the opportunity to testify today. My name is Michael Davoli and I am the New York City & New Jersey Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan, advocacy affiliate of the American Cancer Society. I am pleased to be able to share ACS CAN's thoughts on the New York City Hospitals' Reopening Plans and the impact that the COVID-19 pandemic is having on the health of New Yorkers.

The Covid-19 pandemic continues to impact our city in more ways than we can imagine. It has changed the way that we educate our children, feed our families, continue our careers and live our lives. While this pandemic has taken the lives of an unimaginable number of New Yorkers, we cannot forget the ongoing impact on New York City that cancer and other diseases have each year.

Cancer patients and survivors are finding it increasingly challenging to get necessary health care as the COVID-19 pandemic persists. Many are experiencing financial stress and mental health issues as they try to navigate the difficult health and economic environment.

An ACS CAN survey of cancer patients and survivors focused on COVID-19 effects found many challenges to cancer patients and survivors, including delays and cancellations of health care services, economic challenges affecting their ability to pay for care, and concerns about their future ability to access and afford the care they need.

Key findings from the survey include:

- The difficulties cancer patients and survivors encounter accessing and affording health care have increased as the COVID-19 crisis continues. Most alarmingly, **79% of patients in active treatment for their cancer reported a delay to their health care (up from 27% in a previous survey), including 17% of patients in active treatment who reported delays to their cancer therapy** (such as chemotherapy, radiation, or hormone therapy). Delays were also common among patients who are not currently in active treatment, 78% of whom reported their health care (including care related to their cancer as well as

regular/preventive care and care for other ongoing health issues) had been delayed. **One-fifth of all cancer patients and survivors surveyed reported concern that their cancer could be growing or returning due to their challenges in obtaining health care,** a worry that was reinforced by the providers we heard from.

- **Nearly half (46%) of cancer patients and survivors reported a change to their financial situation that affected their ability to pay for care, an increase from 38% in the survey released in April.** Notably, 23% are worried about losing health insurance, and 27% of those who are on employer-sponsored plans express this concern. Beyond paying for health care, nearly a third (32%) of cancer patients and survivors are worried about their ability to afford basic household expenses, such as rent/mortgage, utilities, and food, a concern that is highly correlated with income.

- **Nearly half of respondents (48%) reported that their experience as a cancer survivor during the COVID-19 pandemic is affecting their mental and/or emotional well-being.** The relaxation of social distancing measures in many areas creates additional stress and anxiety, with two-thirds (67%) of cancer patients and survivors expressing concern about their ability to safeguard their health as shelter in place orders are lifted. Protective supplies such as masks and gloves may help alleviate this concern, but 70% of respondents report difficulty finding such equipment.

Accessing treatment right now has been a terrifying prospect for many cancer patients who, with a compromised immune system, are in a higher risk group of contracting COVID-19. At the beginning of the pandemic, many oncologists stopped chemotherapy due to a weakened immune system of their patients. Now, some of those treatments are starting up again and many are continuing treatment from the safety of their homes. While this is a welcome development, it does raise new questions and concerns for patients.

The potential for changes in treatment to impact the ability of patience to afford their care is of great concern. We must remain vigilant to ensure that insurance plans and hospitals do not impose different out-of-pocket costs for patients based solely on COVID-19 related changes.

The ACS CAN survey shows how the long-term health prospects for patients is getting worse, not better for cancer patients during this pandemic. Health practitioners continue to work to balance safety for an immunocompromised population at increased risk for contracting COVID with timely treatment to prevent the spread of cancer. Unfortunately, this results in delays in treatment for many cancer patients.

The survey also collected feedback from a small group of providers and caregivers who similarly reported concern about delayed care and difficulties providing support for patients while being unable to see them, as well as a lack of personal protective equipment. Caregivers, like patients, reported anxiety over reopening and the increased potential for their and their loved ones to be adversely affected.

ACS CAN is also deeply concerned over cancer screenings that could not be performed during this time due to limits placed on procedures and contact with new patients. Although the screenings are non-essential procedures, they provide early indications for cancer and can often be the different in catching a cancer at an early stage when treatment is more likely to be successful.

A cancer diagnosis brings any number of challenges and stressors, but right now it's even more fraught with additional barriers to timely and affordable care that could be further exacerbated by job loss – like millions of Americans have already endured. COVID-19 has shone a spotlight on the barriers to affordable health care that cancer patients have long faced.

The ACS CAN survey responses highlight the increasing and urgent need for local, state and federal policymakers to swiftly pass measures that help these patients alleviate their physical, financial and emotional strain during and beyond the pandemic. City and state leaders should carefully monitor the changes in health insurance status of New Yorkers and explore ways to extend coverage to those in need. Programs like NYC Care are more important than ever during these financially challenging times.

Many city and state leaders deserve high praise for their consistent and thoughtful leadership and messaging during this crisis. However, now more than ever, we need city and state leaders to send a loud and clear urgent message to New Yorkers, encouraging those with cancer or other serious health concerns to not delay seeking the care they require and to encourage resumption of recommended preventive care.

As the re-opening carefully begins, New Yorkers must not hesitate to obtain needed health treatment, diagnostic care and screening. Further delaying treatment and/or preventative care may pose a significant detrimental impact on their health.

We are greatly concerned that the understandable fear of COVID-19 is discouraging New Yorkers from obtaining necessary treatment and screening for cancer and a host of other serious medical conditions.

When patients do not seek necessary treatment when symptoms occur, show up for follow up appointments after treatment or access their doctor recommended cancer screening, they put their own health at serious risk.

While we support efforts by city and state leaders to ensure that all hospitals are taking steps to ensure that their facilities are safe for cancer patients requiring care and those seeking preventative care, we believe that the risks of delaying care any longer far outweigh any risks that might be incurred by patients seeking to prevent, detect, treat and cure their cancers.

We encourage city leaders to highlight the need for New Yorkers not to delay or defer needed care and screening. We would be happy to stand with city leaders and the leadership of our city's great hospitals to encourage New Yorkers to seek care.

In conclusion, the last several months has forever changed our city. An unimaginable number of lives have been lost and our entire way of living has been turned upside down. While we may not know the long term impact of the COVID-19 pandemic for quite some time, if we do not do everything in our power to safely reopen our city's fine hospitals, then one lasting legacy of COVID-19 will be many more lives lost to cancer.

Testimony of the American Heart Association

Before the New York City Council Committee on Hospitals

June 24, 2020

Greg Mihailovich, Community Advocacy Director
American Heart Association, New York City

Thank you, Chair Rivera and the members of the New York City Council Committee on Hospitals. On behalf of the volunteers of the American Heart Association, we are grateful for the opportunity to present testimony related to key health initiatives that our organization believes will support healthy behaviors in New Yorkers. As the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, of which approximately 80% of diagnoses are preventable[1], the American Heart Association is deeply concerned about the public health crisis facing our country. Our top priority regarding coronavirus (COVID-19) is the health and well-being of individuals and their families today and in the future, in every community, everywhere. Our mission – *to be a relentless force for a world of healthier, longer lives* – is more important than ever. We are continuing our mission-critical work in these challenging times and we know that people with cardiovascular diseases are more likely to be seriously impacted by the virus than others.

Blacks, Hispanics, and other medically underserved populations are more likely to have chronic conditions including heart disease, hypertension and diabetes that may put them at higher risk for COVID-19 complications. They also are more likely to face systemic obstacles to good health, such as lack of access to quality care, jobs, education, and housing, that can have devastating consequences in the face of a public health emergency.

With our hospital system still managing the impact of COVID-19, we applaud NYC Health + Hospitals for continuing to provide guidance and care through their Phone-a-Clinician Hotline and telehealth visits. Telemedicine and self-

[1] "Preventable Deaths from Heart Disease & Stroke." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 3 Sept. 2013, www.cdc.gov/vitalsigns/HeartDisease-Stroke/index.html.

monitoring are important tools to help keep people out of clinics and hospitals so we can prioritize care for the most afflicted, while making sure that people with existing health challenges can do something to prevent their condition worsening at home.

Self-measured blood pressure (BP) monitoring, the measurement of BP by an individual outside of the office at home, is a validated approach for out-of-office BP measurement. Several national and international hypertension guidelines endorse self-measured BP monitoring, which has high potential for improving the diagnosis and management of hypertension in the United States. However, to adequately address barriers to the implementation of self-measured BP monitoring, financial investment is needed.[2]

New York City has made this investment before. Two years ago, New York City invested in blood pressure kiosks and placed them in strategically necessary neighborhoods – specifically those where noted disparities existed for unmanaged high blood pressure – to support self-monitoring. With the ongoing concern about the spread of COVID-19, it is neither safe nor practical to expect people to go to a public place and use a device touched by numerous different people. The American Heart Association recently partnered with the Queens Public Library to enable patrons of the Far Rockaway branch to borrow a BP cuff for up to a month using only their library card and can renew one time if needed. The program was a popular alternative to using the BP kiosk at that branch, until libraries were forced to close.

By investing self-monitoring devices, such as blood pressure cuffs and pulse oximeters, to provide to community partners (FQHCs, Health Systems, other clinics, CBOs) for distribution to those in need, essential care can be remotely provided to medically underserved populations and continue to lessen the impact of COVID-19 through physical distancing. This is why we have asked the NYC Council to dedicate funding for self-monitoring devices as part of the FY 21 budget priorities.

We realize this is a dynamic and challenging situation, and we thank you for everything you have done and will do to protect the lives of the people of New York City. The American Heart Association is a reliable and trusted source of information based in credible science, and we will continue to be your partner in ensuring the health and well-being of all New Yorkers.

---

[2] Shimbo D, Artinian NT, Basile JN, Krakoff LR, Margolis KL, Rakotz MK, Wozniak G; on behalf of the American Heart Association and the American Medical Association. Self-measured blood pressure monitoring at home: a joint policy statement from the American Heart Association and American Medical Association. Circulation. 2020;141: e•••–e••• doi: 10.1161/CIR.0000000000000803.

Testimony for the New York City Hospital Committee
June 24, 2020
By Ralph Palladino, 2nd Vice President Clerical-Administrative Employees Local 1549

The Black Lives Matter protests going on in New York and around the world speak to the life and death needs of communities of color facing all forms of racial discrimination. The COVID-19 Pandemic has focused the light on the healthcare disparities in this city. The NYC Health and Hospitals (NYC (H+H) plays a central role in these communities in saving lives and providing decent jobs. This in turn helps keep the local economies alive.

The heroic work of our front-line healthcare workers including Local 1549 clerical members also live in the communities they serve. These clerical workers are the first to greet COVID-19 and other patients and must be recognized and rewarded properly. They perform the registration duties of patients that takes 15-20 minutes of face to face contact with patients entering the system. Other clericals are Outpatient Financial Counselors who assist patients in securing health insurance. These duties and functions are key to generating income for NYC H+H.

Their other duties include being responsible for: Providing information to patients and families; Generate and securing patient medical records; Providing translation services; Make new and follow up appointments for patients. Given their role of greeting patients they are responsible for generating good will, comfort and security for patients entering the healthcare settings.

The current plans for NYC H+H to re-open is inclusive of the needs of clerical employees. They have been provided proper PPE. Plexiglass and other types of guards have either been put in place or will be. Our clericals have been involved in staff discussions. The present administration of NYC H+H and the union has been working cooperatively together. When problems have arose, we have brought them to management's attention and found that they have been dealt with in a timely manner. The 125 Metro Plus Enrollment Sales Reps on loan to HRA because they allowed severe attrition of Eligibility Specialists in the SNAP program are coming back to H+H.

Calls by some for reducing any public services, furloughing and layoff of workers, especially in public hospitals and SNAP which is also related to healthcare is wrong! This is especially true given the likely slow rebuilding process and likelihood that COVID-19 will be with us for a while. It is reported that the poorest communities are still being hit hard.

We agree that funding needs to be found by reducing the NYPD budget. We are thankful that the plans offered by the City Council and City Comptroller that do not list clerical workers in those cuts. Local 1549 represents front line workers in the NYPD who are primarily women of color. As with hospital workers our 911 members provide life-saving functions for the public.

They are NOT the problem with policing in this city! They have already been cut to the bone by the NYPD the past few years. They come from the same communities of color in New York that have already been hit the hardest with COVID-19 and the economic crisis. They should not made to suffer more. The ratio of civilian to uniform in NYPD is the worse of any city in the country.

We believe that the state of New York needs to step up to help and assist our public hospitals. The state distribution of funding has always been unfair to public hospitals. This is the subject of the recent Wall Street Journal article that is Addendum #1 to this testimony.

The state is also expected to release its "savings allocation plan" to deal with the projected State deficit of $13B exacerbated by the COVID-19 pandemic. We can expect more cuts. You will find specifics relating to NYC H+H needs in Addendum #2 to this testimony.

The City Council together with the City Comptroller needs join with the Mayor to speak up and tell the state leaders that cuts they voted on relating to city support and hospitals prior to April 1 should be reversed. Any new cuts to state aid is unacceptable!

The New York City Health and Hospitals (NYC H+H) system is the key to lessen health disparities in this city. It has been and will continue to be in the epicenter of the fight to protect the public's health. H+H helps all who need help regardless of ability to pay, especially immigrants. <u>We cannot afford to lose any funding with an overhead of just 1%.</u>

Our members are asking, "Where is the shared sacrifice in this crisis? We are not properly compensated, face layoffs and disease while the rich and corporations do not even pay their fair share of taxes!" If the head of Amazon can purchase five floors of a penthouse recently for $98 million while his company pays virtually nothing in taxes. Then we are sure that both he and his company should be paying their fair share.

We thank the Mayor and the City Council for all the support you have given to our public hospital system. We hope you will join together to demand our fair share from the state budget process.

Thank you.

LOCAL 1549 represents 14,000 employees of the City of New York, 5,000 of whom work for the NYC Health and Hospitals, and Metro Plus HMO.

Addendum 1

Coronavirus Takes Financial Toll on New York City's 'Safety-Net' Hospitals

Melanie Grayce West and Joe Palazzolo

The hospitals serving New York City's neediest and most vulnerable patients face a financial reckoning as a resu...

Coronavirus Takes Financial Toll on New York City's 'Safety-Net' Hospitals

Institutions reel from uncertainty about future of federal stimulus aid, longtime reliance on Medicaid reimbursements

The hospitals serving New York City's neediest and most vulnerable patients face a financial reckoning as a result of the new coronavirus outbreak and uncertain stimulus funding from Washington, officials at the institutions say.

New York City's Health + Hospitals system is running with about 18 days of cash on hand, officials say. The 11-hospital system will go lean on cash in June and July if more federal funding doesn't begin to flow, including from the Federal Emergency Management Agency. Officials say they are holding off decisions on internal cuts or layoffs until they have a stronger sense whether more federal funding is in store.

Typically, Health + Hospitals operates with a 1% margin, officials said. Revenue losses have been roughly $20 million a week since the outbreak began in March, but officials are hopeful they will rebound as the institutions resume elective surgeries and ambulatory care.

In all, the expected cost of treating patients with coronavirus is $1.1 billion, said Health + Hospitals officials. The system has received $824 million from federal relief programs.

At the height of the coronavirus crisis, Health + Hospitals had more than 3,000 hospitalized patients, with 900 patients on ventilators. The hospitals are in some of the hardest hit areas in Queens and the Bronx. They have been forced to absorb costs for equipment, staffing, supplies and testing equipment, among other things.

"Where it's going to get difficult for us is now we gotta pay those bills," said John Ulberg, Health + Hospitals chief financial officer.

The federal government has pumped more than $70 billion to hospitals across the U.S. The money included $12 billion to hospitals in coronavirus hot-spots like New York City.

Health + Hospitals and several other independent nonprofit hospitals are known as safety-net hospitals because they care for the city's poorest and most vulnerable, including the uninsurable. Out of the $12 billion for hotspot hospitals, they received about $1.3 billion, according to data published by the U.S. Department of Health and Human Services. Roughly $100 billion in funding has yet to be allocated, and officials at the safety-net hospitals are hoping that more of the remaining money flows their way.

On Tuesday, the Health and Human Services Department said it would distribute an additional $10 billion to safety-net hospitals that have already received relief funds. The money will be sent later this week, the agency said.

New York safety-net hospitals don't yet know, however, how much is coming to them.

"We believe it was tailor made for us, however we are unsure about how much we will receive," said David Perlstein, president and chief executive of SBH Health System, the nonprofit organization that operates St. Barnabas Hospital in the Bronx, another safety-net institution that primarily serves patients insured by Medicaid.

A spokeswoman with HHS said eligible hospitals would receive at least $5 million each and at most $50 million.

Decades of policy decisions have led to perennial funding challenges for safety-net hospitals, their leaders say, but the Covid-19 crisis has been a tipping point, especially because it disproportionately affected patients of color and low-income communities.

The formulas used to distribute the first $50 billion in funds to hospitals were calculated based on history of billing Medicare fees for service and patient revenue. That formula largely benefited wealthier hospital systems that treat a larger share of patients with Medicare and commercial insurance, which pay more than Medicaid, according to leaders at the city's safety-net hospitals.

By contrast, safety-net institutions largely serve the uninsured or people using Medicaid.

Some version of parity is now needed—preferably a funding method weighted to Medicaid volume, say leaders of the city's safety-net operators.

"I have talked till I'm blue in the face about the inequality that has existed in this system for years," said Dr. Perlstein of St. Barnabas. "I don't think anybody cares about poor people of color."

New York state is home to 27 hospitals with at least 50% of Medicaid or self-pay patient discharges, and most of them are in the city, according to data compiled by the Community Service Society, a group that advocates for low-income New Yorkers.

The Brooklyn Hospital Center, a 464-bed independent hospital in downtown Brooklyn that also serves many Medicaid patients, received about $7 million from the first tranche of relief funds tied to patient revenue, according to HHS data.

By contrast, the 450-bed Lenox Hill Hospital on Manhattan's Upper East Side got about $13 million, the data showed. Lenox Hill is part of the larger Northwell Health system, and it received patients from its sister institutions.

A spokeswoman for Northwell Health said Northwell has treated more Covid-19 patients than any other hospital system, including 15,000 admitted patients.

About half of Brooklyn Hospital Center's annual revenue comes from patients insured by Medicaid. The hospital lost about $3 million to $4 million a month before the pandemic, said chief executive Gary Terrinoni. Since March, it has lost as much as $20 million a month and is projected to take a $100 million revenue hit for the year, Mr. Terrinoni said. He said the Brooklyn Hospital Center needed government aid to have a "fighting chance" to avoid cutting staff or services.

The current budget shortfall—in a best-case scenario—is some $20 million, he said. The hospital received about $6.5 million from the federal government in initial disbursements, and took an advance of $32.7 million from the Centers for Medicare & Medicaid Services, and if unpaid there is a 10% interest rateTargeted federal funding netted another $46.9 million.

About 88% of St. Barnabas patients are insured through Medicaid, which doesn't reimburse hospitals for the full cost of care.

"The structural problems with the payment system are clear and they're old," Dr. Perlstein said.

Addendum 2

ADDENDUM ON NYC H+H and State's COVID-19 Allocation Plan

As you may know, the State is expected to release its savings allocation plan to deal with the projected State deficit of $13B exacerbated by the COVID-19 pandemic. This is in addition to cuts of $200 million already affecting NYC H+H due to the April 1 budget.

The cuts to NYC H+H are a slap in the face to the First Responders who are the real heroes in fighting the Pandemic.

NYC H+H and MetroPlus HMO operate with a 3% administrative cost! This leaves no other option than to lay off healthcare workers. This will hurt our ability to provide safety and health to all needy patients, not just COVID-19. Yet the private non-profits whose CEO's make millions of dollars running act more like for-profits and received more funding than they were entitled to based on patient mix. The tax dollars and Medicaid dollars are not following the patients.

- **The future of the health care system must address structural inequities.**
- **Safety net providers and the communities they serve need to be part of the discussion.**
- **They were not part of the Medicaid Redesign Team.Reinstate the enhanced safety net funds!**
- **No new cuts for enhanced safety net providers!**
- **Distribute DSH funds to H+H on a monthly schedule rather than in lump sum payments.**

Background: Safety net hospitals are at the front line of battling COVID-19, the worst public health crisis in this country in a century. We need support more than ever – not cuts!

"Re-imagine the health care system" should focus on:

- At a recent press conference, the Governor cited the need to "reimagine the healthcare system" in order to prepare for future challenges. The State should focus on:
- Addressing health care disparities, including the financing structure.
- Addressing the disparity between well-resourced and needier hospitals, by establishing a tiered Medicaid payment for safety net hospitals.
- **Solution: The future of the health care system must address structural inequities. Safety net providers and the communities they serve need to be part of the discussion on the future of health care.**

Reinstate Enhanced Safety-Net (ESN) Funds:

- The Legislature established the ESN definition in statute (Subdivision 34, of PHL 2807-C) and appropriated these funds for the past 3 years.
- Since 2017 the money was not distributed.
- In January 2020, DOB swept the funds saying CMS would not approve; we don't agree. We believe there is a way to distribute these funds (via the plans) in a more straight-forward approach.
- The ESN hospitals need a tiered rate system just to keep more equity within the system—the Legislature recognized that and we shouldn't let it go without more consideration.
- With the virus crisis, there is a need for permanent and targeted funding for enhanced safety net hospitals now more than ever.
- **Solution: Reinstate the enhanced safety net funds!**

Ensure safety net providers are held harmless from additional across the board (ATB) cuts:

- The enacted budget increased the ATB cuts to 1.5%, this disproportionately hits ESN providers who care for more patients who are in the Medicaid program or uninsured.
- **Solution: No new cuts for enhanced safety net providers!**

Timeliness of DSH Funding:

- DSH funds are intended to support hospitals unreimbursed costs of providing medical care to uninsured patients and Medicaid enrollees.
- Other public hospitals have first access to IGT DSH funds in state law.
- Since there is no required timeline for most H+H DSH, payments can be delayed pending estimates of other hospital needs or other issues.
- The sequencing of NYS DSH funds allocations means the hospital which provides the most care to Medicaid and uninsured people – NYC H+H gets paid last, not first.
- H+H is primarily reliant on a pool of leftover DSH funds, leaving it subject to fluctuating payment amounts/timing and first in line for devastating federal DSH cuts.
- **Solution: Distribute DSH funds to H+H on a monthly schedule rather than in lump sum payments.**

You are asked to reach out to all the Albany leaders. Call the Governor and State Legislators.

Addendum A

To Testimony generated from the Committee Hearing discussion.

1-Telecommunications Issue. As a patient who used Telecommunication for my Primary Care and Specialty Appointments I have to say that NYC H+H has to be careful about overusing this service. It does have its merit at times. But from what I heard the medical staff present at the hearing it seems they are not speaking from the patients' point of view.

My Dermatology and Asthma clinical visits were a waste of time. The Asthma appointment was phoned in 3 hours later than it should have been. That said the MD could not have been able to listen to my breathing and lungs since it was not in person. For Dermatology the visit was totally useless. They must look at my whole body and then do so with an Attending. All we had was a conversation that I got billed for.

My Primary Care visit was better. We discussed things. However she was not able to give me a proper Blood Pressure. Every time I go to the clinic and have my blood pressure taken prior to seeing the MD and take my own pressure at home on a digital machine I get higher ratings than when my Primary Care MD gets. She also is able to listen to my heart and lungs.

As for tests- I still have not been able to take Urine or Blood test since ordered in April.

As for My Chart- I like it and my Primary Care MD always monitors and gets back to me. However I don't seem to be able to communicate with my Asthma MD.

2- Issue of Private Temps performing Clerical duties. This issue was raised at the hearing by the CM and asked of the Greater New York Heath Care Associate person. As for NYC H+H and DC 37, there was an agreement thanks to a grievance filed for the hospitals to turn over temporary workers to regular staff. However H+H has not done so with all clerical private temps. They said they could not due to there being a civil service list being in use. But that list was exhausted last year! While they have been turning some temps over to provisional clericals they have been doing it at a very slow pace. In addition they have constantly been hiring more temps in some institutions at a greater rate than turning them over.

Our position has been that due to HIPPA laws for patients' confidentiality that this is a problem and potentially a big problem. As a patient I say this. Also H=H continues to aid and abet the low wage poverty jobs of these private temps. Meanwhile they perform the same duties as the clerical staff, registering patients and taking patient information over the phone in Call Centers and elsewhere.

Community Health Care Association of New York State Written Testimony
NYC Council Committee on Hospitals
Community Health Centers' Reopening Plans
June 24, 2020

The Community Health Care Association of New York State (CHCANYS) thanks the NYC Council Committee on Hospitals for its attention to critical issues surrounding the response to the novel coronavirus (COVID-19) pandemic, including the challenges that hospitals and community health centers face as New York City moves through the stages of reopening.

CHCANYS represents New York State's federally qualified health centers, also known as community health centers (CHCs). We submit this written testimony on behalf of our members' 486 New York City community health center sites, and the more than 1.4 million patients served at those locations annually.

Our members' robust network of CHCs in New York City stand ready to provide comprehensive primary and follow up care to all City residents, regardless of insurance status, immigration status, or ability to pay. Our CHCs are located in medically underserved communities and oftentimes are the only source of primary care for low income New Yorkers. In NYC:

- 16% of CHC patients are uninsured,
- 62% are enrolled in Medicaid or CHIP,
- 86% are people of color, and
- 35% are best served in a language other than English.

CHCs have a history of being embedded in their communities; they regularly employ promotoras and community health workers who are from the community and as such they uniquely understand the concerns and needs of CHC patients. Our member CHCs are well versed in mobile care, street medicine, and team-based care. Individuals in communities served by CHCs have higher rates of chronic conditions than other New York State residents, and those chronic conditions require on-going care management. Our communities are among the hardest hit by COVID-19 and are overrepresented due to the disproportionate effect that the virus has had on communities of color.

CHCs have kept their doors open throughout the pandemic. While some physical sites have closed, all organizations have continued to care for patients, both in-person and virtually – connecting by video or telephone. In response to Governor Cuomo's NY on PAUSE Executive Order in early March, health centers saw dramatic decreases of in-person visit volume. Across the City, in the immediate weeks following the Pause Order, visit volume decreased by an average of 59%. Due to this rapid decline, health centers were collectively losing $30M per week. CHCs rapidly pivoted to providing remote care, including implementing programs to deliver services via audio-visual telehealth and the telephone to ensure that their patients received necessary services.

As a result of the pandemic and the Stay-at-Home Order, individuals are seeking less preventive care. Vaccination rates have decreased throughout the COVID-19 response. To combat these health challenges

New York City Office 111 Broadway, Suite 1402, New York, New York 10006 T 212-279-9686 F 212-279-3851
Albany Office 90 State Street, Suite 600, Albany, New York 12207 T 518-434-0767 F 518-434-1114

resulting from the cautions issued against seeking non-emergent care, health centers have begun targeting patients with individualized outreach, prompting them to receive preventive care remotely or in person as they are able. Some health centers triage patients with the most serious needs for immediate outreach, working through their rosters to ensure that patients with chronic conditions are prioritized and routine preventive care is re-instated.

As health centers begin seeing more patients in-person, our members face significant hurdles:

1. ***PPE***. Access to personal protective equipment (PPE) will be critical to ensuring health centers can reopen sites and to maintain in-person safety over the long term. Health centers were not designated as priority providers by the NYC Office of Emergency Management (OEM) and did not receive PPE from OEM during the height of the crisis. In order for health centers to fully reopen and provide both COVID and non-COVID related care, they must have access to consistent, reliable sources of PPE.

2. ***Capital investment for robust telehealth.*** It is clear that New York City healthcare consumers have embraced telehealth as a safe and satisfactory modality for access health care. NYC CHC visit volume has nearly returned to pre-COVID levels, yet a full 65% remain remote, with 23% occurring via audio-visual telehealth and 42% occurring via the telephone. City and State support for delivery of remote care is necessary to ensure continued access throughout the pandemic recovery period. Telehealth visits are important for patients that face transportation barriers exacerbated by the public health emergency and mobility concerns. Telephone visits are an essential access point for chronic care management and behavioral health care provided at community health centers, especially for individuals without access to internet or video-capable technology. Remote care has been a promising tool in promoting access to preventive care, and telephone visits can address disparities that could otherwise be exacerbated by Telehealth.

3. ***Capital investment for redesign of CHCs.*** Many CHCs have identified the need for capital improvement projects to ensure the safety of their patients and staff. Our members need to redesign physical spaces to ensure appropriate social distancing and mitigate potential spread of COVID-19. Investment is needed for creating separate and distinct screening and testing locations, remodeling waiting rooms and renovating HVAC systems for proper air filtration.

To ensure the long-term viability of the City's robust primary care network, CHCANYS looks forward to working with the City Council and other partners in City government to guarantee that PPE is adequately sourced and distributed to CHCs and capital investment is appropriately targeted to community providers. We look forward to continued discussions with the NYC Council, the City's hospital systems, and the Department of Health and Mental Hygiene on ways to ensure all New Yorkers have access to timely, comprehensive primary care. For questions or follow up, please email Marie Mongeon, Director of Policy at mmongeon@chcanys.org.

COVID-19 Pandemic Ongoing Impact on Cancer Patients and Survivors
Survey Findings Summary

Overview:

The COVID-19 pandemic and responses to help prevent its spread have had far-reaching impact on the cancer community. The American Cancer Society Cancer Action Network (ACS CAN) deployed a survey in late March that found many challenges to cancer patients and survivors, including delays and cancellations of health care services, economic challenges affecting their ability to pay for care, and concerns about their future ability to access and afford the care they need.

As part of our ongoing efforts to monitor and more clearly understand the impact of the COVID-19 pandemic on the vulnerable population of US cancer patients and survivors, ACS CAN initiated an additional survey effort on April 30, 2020. The survey was deployed across a two-week period to a broad cross section of cancer patients and survivors through direct email outreach, social media promotion, and coordination with partner organizations who serve the cancer community. In addition, we reached out to a small sample of caregivers and health care providers working with cancer patients and survivors to understand how the pandemic is affecting them as members of the cancer community and the subsequent impact on the patient and survivor population.

The survey focused on respondents' experiences accessing and affording health care, obtaining food and necessary household/medical supplies, and maintaining their physical, emotional, and mental health during the COVID-19 pandemic. The web-based survey was taken by more than 1,200 cancer patients and survivors. This sample provides a margin of error +/- 3% and 96% confidence level. Additional input was provided by 111 caregivers and 139 health care providers supporting cancer patients and survivors.

The research provides important insights into the experiences of cancer patients and survivors in safely navigating the challenges of the COVID-19 pandemic.

Key Findings:

Key findings from the survey include:

- The difficulties cancer patients and survivors encounter accessing and affording health care have increased as the COVID-19 crisis continues. Most alarmingly, 79% of patients in active treatment for their cancer reported a delay to their health care (up from 27% in a previous survey), including 17% of patients in active treatment who reported delays to their cancer therapy (such as chemotherapy, radiation, or hormone therapy). Delays were also common among patients who are not currently in active treatment, 78% of whom reported their health care (including care related to their cancer as well as regular/preventive care and care for other ongoing health issues) had been delayed. One-fifth of all cancer patients and survivors surveyed reported concern that their cancer could be growing or returning due to their challenges in obtaining health care, a worry that was reinforced by the providers we heard from.
- Nearly half (46%) of cancer patients and survivors reported a change to their financial situation that affected their ability to pay for care, an increase from 38% in the survey released in April. Notably, 23% are worried about losing health insurance, and 27% of those who are on employer-sponsored plans express this concern. Beyond paying for health care, nearly a third (32%) of cancer patients and survivors are worried about their ability to afford basic household

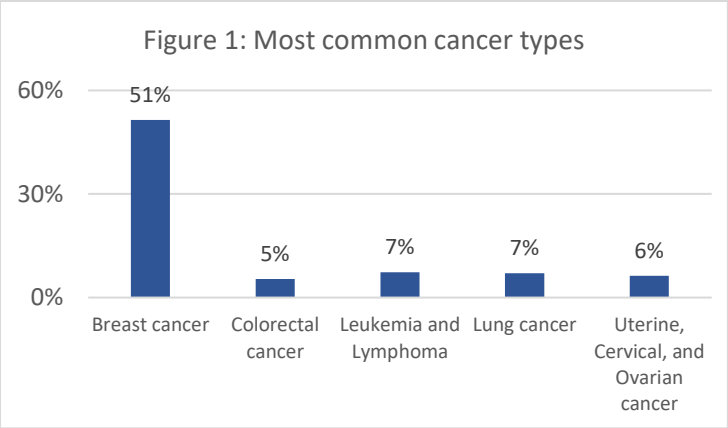
expenses, such as rent/mortgage, utilities, and food, a concern that is highly correlated with income.

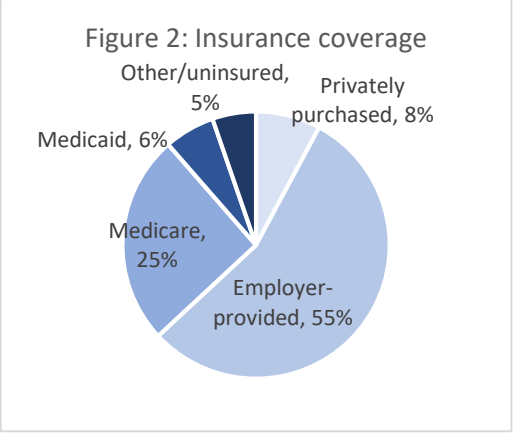
- Nearly half of respondents (48%) reported that their experience as a cancer survivor during the COVID-19 pandemic is affecting their mental and/or emotional well-being. The relaxation of social distancing measures in many areas creates additional stress and anxiety, with two-thirds (67%) of cancer patients and survivors expressing concern about their ability to safeguard their health as shelter in place orders are lifted. Protective supplies such as masks and gloves may help alleviate this concern, but 70% of respondents report difficulty finding such equipment.

Detailed Survey Findings

The survey included a wide range of US cancer patients and survivors. Fifty-four percent of respondents are currently being treated for cancer; among respondents who are not currently in active treatment, one-third (33%) received their last treatment within the last three years. Half (52%) of respondents are breast cancer survivors, with broad representation across additional cancer types.

Over half of respondents (55%) receive insurance coverage through an employer, and 25% are covered by Medicare. Eight percent have privately purchased health care, such as through an exchange, and six percent are covered by Medicaid. Compared to insurance coverage for the US general population, the survey included more respondents on Medicare and fewer on privately purchased plans or Medicaid[1], which is likely a result of increased cancer incidence rates among older Americans.



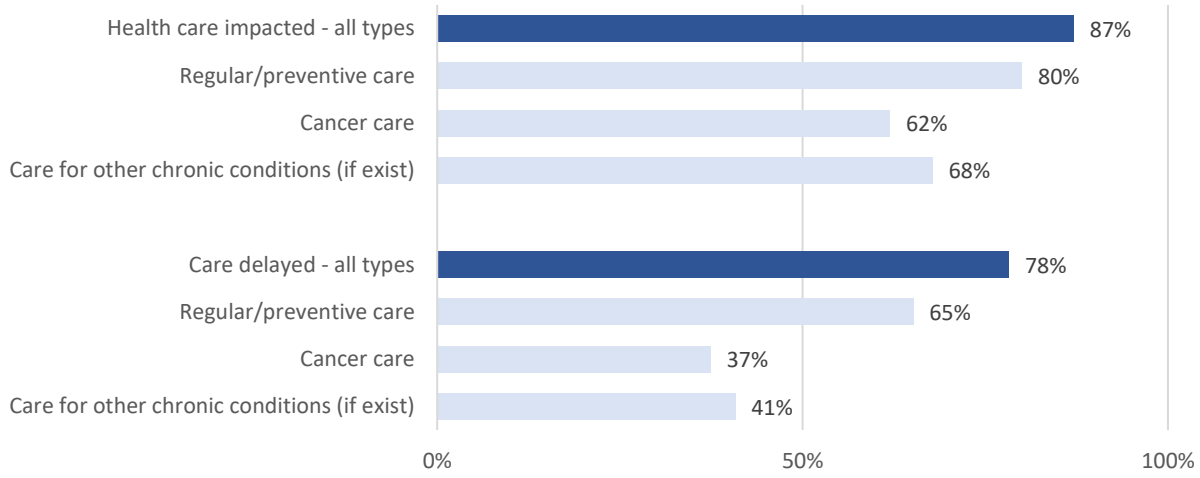


Eighty-seven percent of respondents report some change, delay or disruption to their health care as a result of the COVID-19 pandemic, including regular and preventive health care (80%), care related to their cancer (62%) and health care to treat other chronic or ongoing conditions (68%). This represents a dramatic increase in cancer survivors reporting impact from our previous survey released in April, in which 51% of cancer patients and survivors reported that their health care had been affected by the pandemic.

[1] For 2018 US insurance coverage sources, please see: https://www.kff.org/other/state-indicator/total-population/

The most commonly reported impact is a delay in care, with 78% of respondents reporting a delay to obtaining health care, up from 24% in the previous survey. Four out of five respondents reported a change, disruption, or delay to their preventive care; nearly half (49%) have delayed a regular checkup or physical, a quarter have delayed a routine screening exam, and 17% did not see a doctor for an illness or injury they would have otherwise. Among those who delayed or cancelled care, the majority (59%) said the decision was made by their provider. Checkups and screenings are an important part of cancer survivor follow-up care and delaying or missing these could delay the detection of a recurrence of their cancer.

Figure 3: Health care impacts of COVID-19



Thirty-seven percent of cancer patients and survivors reported that health care related to their cancer has been delayed by the COVID-19 crisis, a number that rises to 44% for those who are currently in active treatment. Concerningly, these delays are most often longer in term, with 22% of all respondents (27% of respondents in active treatment) reporting delays of more than two weeks to their cancer care and 18% (19% in active treatment) indicating their cancer care has been delayed and they do not know when it will be rescheduled. Cancer care includes a range of services, including consultation with providers to plan and administer care for their cancer, anti-cancer therapies and surgery, imaging to determine if their cancer has grown or returned, and other health care directly related to their cancer.

The most commonly impacted cancer care service continues to be in-person provider visits (57% of impacted respondents), followed by imaging to monitor their cancer growth (25%). Imaging services were also more likely to be delayed without visibility into when they would be rescheduled. Seventeen percent of patients in active treatment report that their anti-cancer therapy (such as chemotherapy, radiation, or hormone therapy) has been impacted by the COVID-19 pandemic, up from eight percent in the previous survey. Fifteen percent of cancer patients and survivors reported that inpatient surgical procedures had been affected by the COVID-19 crisis.

As with preventive care, most cancer patients and survivors report that their health care provider initiated the changes to their cancer care (64%). The most common reasons for providers to suggest these changes were to safeguard the patient from risk of infection (46%) and facility closures (30%). Where patients suggested changes to care, they most often did so because of anxiety about exposure to COVID-19 (55%) and lack of certainty about whether they should go out in public to obtain care (18%).

Disruptions and delays in accessing health care have potential long-term impact on cancer patients' health and the management of their disease. One-fifth of cancer patients and survivors reported concern that their cancer could be growing or returning due to their challenges in obtaining health care. Health care providers reinforced their concern, expressing worry that care delays and disruptions may lead to later stage cancers in their patients.

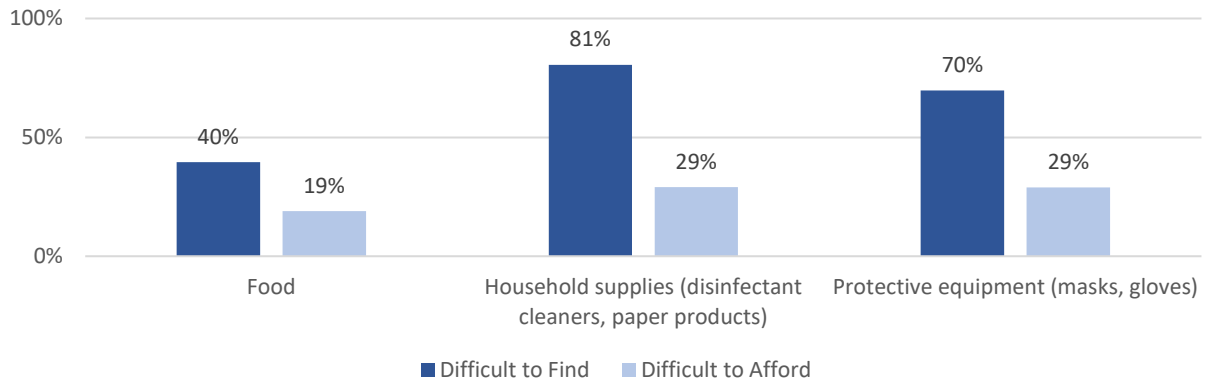
The impact of the COVID-19 pandemic on the health of cancer patients and survivors extends beyond their ability to obtain health care services. Nearly a quarter (24%) of respondents report that the outbreak has made it more difficult to contact their providers with questions about their needs as a cancer survivor. Nearly half of respondents (48%) reported that their experience as a cancer survivor during the COVID-19 pandemic is affecting their mental and/or emotional well-being.

In response to the pandemic, a majority of respondents (70%) are sheltering in place with trips out only as needed and eight percent are not leaving their homes at all. However, the logistics of obtaining supplies needed to shelter in place has proven challenging for many, with 40% reporting difficulty finding food (including a variety of healthy foods) and nearly one in five (19%) saying it was difficult to afford food. Many still need to leave home for work as well, with 18% of cancer survivors indicating they are still working outside the home, including 11% of respondents in active treatment.

As many states and localities are beginning to relax social distancing measures, the physical and mental stress on cancer patients and survivors increases, with two-thirds (67%) of respondents agreeing that they are worried about their ability to stay safe as social distancing measures relax. This is of particular concern for minority respondents, over three quarters (76%) of whom expressed concerns about relaxing social distancing compared to 65% of white respondents (a difference that is statistically significant at the <.003 level). This concern was also echoed by caregivers, as they face the prospect of helping safeguard the health and well-being of someone with cancer as shelter in place orders are removed.

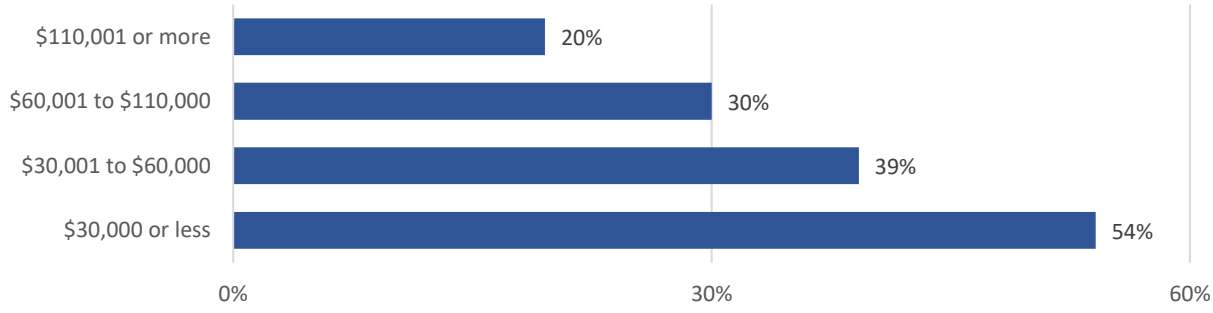
In order to safely resume normal activities, it's important that cancer patients and survivors are able to access the supplies and equipment needed to stay safe. However, 70% of respondents told us they had difficulty finding protective equipment, such as masks and gloves, and 29% reported difficulty affording this equipment. This difficulty was similarly reported by the providers we heard from, most of whom are unable to follow recommended guidelines due to shortages of personal protective equipment. As a result, most providers reported the need to re-use equipment during a shift or across multiple patients.

Figure 4: Difficulty finding and affording supplies



Nearly half (46%) of cancer patients and survivors reported a change to their financial situation that affected their ability to pay for care, an increase from 38% in the survey released in April. Respondents continued to express concern that the financial impact of the COVID-19 pandemic will make it hard to afford the care they need as cancer survivors (30%, compared to 28% in April). Notably, 23% are worried about losing health insurance, and 27% of those who are on employer-sponsored plans express this concern.

Figure 5: Agree/Strongly Agree with the statement "I am worried that the financial impact of COVID-19 will make it hard for me to afford basic household expenses, such as rent/mortgage, utilities, and food," by household income



Beyond paying for health care, nearly a third (32%) of cancer patients and survivors are worried about their ability to afford basic household expenses, such as rent/mortgage, utilities, and food. This concern is highly correlated with household income, with over half (54%) of respondents with income under $30,000 expressing this concern ($p<.001$).

Methodology

ACS CAN's COVID-19 survey was administered online from April 30 through May 14, 2020. Cancer patients and survivors were invited to participate via direct email to American Cancer Society contacts, promotion through ACS and ACS CAN social media accounts, Facebook advertisements to individuals

without a current relationship to ACS or ACS CAN, and outreach via partner organizations whose constituents include cancer patients and survivors. In addition to cancer patients and survivors, the survey gathered input from caregivers and health care providers working with the cancer community to provide a more robust understanding of the issues.

To ensure the protection of all participants in this survey, all research protocols, questionnaires, and communications were reviewed by the Morehouse School of Medicine Institutional Review Board.

A total of 1,228 participants responded to the survey, providing a margin of error +/- 3% and 96% confidence level. Additional input was provided by 111 caregivers and 139 health care providers supporting cancer patients and survivors.

We would like to thank the partner organizations who helped share the survey and promote a broad response, including the American Society or Clinical Oncologists (ASCO), Cancer Survivors Network (CSN), Academy of Oncology Nurse and Patient Navigators (AONN), Cancer Support Community (CSC), LUNGevity, Braintumor.org, Association of Community Cancer Centers (ACCC), Pancreatic Cancer Action Network (PanCAN), and Leukemia & Lymphoma Society (LLS).

About ACS CAN

The American Cancer Society Cancer Action Network (ACS CAN) is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer. For more information, visit www.fightcancer.org.

New York City Council
Committee on Hospitals

Hearing Testimony:
"New York City Hospitals' Reopening Plans"

Zeynep Sumer King, Vice President, Regulatory and Professional Affairs
GREATER NEW YORK HOSPITAL ASSOCIATION

Chair Rivera and members of the Committee on Hospitals, I am Zeynep Sumer King, Vice President, Regulatory and Professional Affairs at the Greater New York Hospital Association (GNYHA). GNYHA proudly represents all hospitals in New York City, both not-for-profit and public, as well as hospitals throughout New York State, New Jersey, Connecticut, and Rhode Island. I lead GNYHA's efforts to assist our members on health care quality improvement and infection control issues. Thank you for the opportunity to testify today about how hospitals are working to make sure people can safely get the care they need during this uncertain time.

Hospitals are a critical source of medical care for New York City residents and they have continued to serve patients during the COVID-19 pandemic, particularly for their most urgent and necessary medical needs. To ensure their patients had access to medical professionals during the height of the pandemic, most New York City hospitals and health systems expanded their telehealth capacity virtually overnight and made tremendous efforts to make sure their patients knew how to access these services. Unfortunately, however, many New Yorkers still felt forced to defer their health care because of both stay-at-home orders and the need to ensure hospitals could take care of the sickest patients during this unprecedented crisis. As time has gone on, their health care needs have become more acute.

We understand that many New Yorkers are wondering if it is safe to get care in their local hospital. The answer is yes—hospitals and doctors are ready to take care of you, with the strongest safety measures to protect you from contracting the virus. If you have a heart condition, cancer, diabetes, or just need a routine screening—like a mammogram—you could be putting your health at serious risk by delaying treatment. In addition, every hospital has outpatient services—including surgery—that are located separately from where they take care of COVID-19 patients.

Today I'd like to describe the infection control measures hospitals have implemented for the safety of their patients, their dedicated staff, and the New York City community. I'd also like to explain changes patients might notice, our public outreach efforts, and how we are preparing for future infectious disease challenges.

How Hospitals Are Keeping People Safe

Hospitals have always been there when patients need them for preventive, acute, and emergency care. It is important to note that, as of last Saturday, New York City's COVID-19 volume is down 95% from the peak (594 hospitalizations vs. 12,184 at the peak on April 12). For many hospitals, the number of COVID-19 patients in-house right now does not exceed the number of other infectious disease patients on a normal day and what they might have seen prior to the COVID-19 pandemic. Hospitals know how to take care of infectious patients, including those with COVID-19. They know how to quickly diagnose, isolate, and treat patients with infectious disease. They also know how to contain infectious disease in health care facilities and stop its spread through environmental cleaning and disinfection protocols.

The COVID-19 pandemic has underscored the importance of these measures they've always taken to provide the safest and highest-quality patient care possible.

Infection Control Standards

Below are some of the infection control procedures hospitals already have in place, many of which are required by regulatory bodies like the New York City Department of Health and Mental Hygiene, New York State Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC), and have been enhanced to ensure the contagion is controlled:

- Strict adherence to CDC infection control guidelines, including screening patients, visitors, and staff at entrances, testing, and maintaining adequate supplies of personal protective equipment (PPE)
    - Maintaining adequate PPE for procedures, but also for all levels of interaction with patients
    - CDC has updated its infection control guidance almost daily throughout the pandemic. GNYHA has been sharing these updates with its members and regularly convening hospital infection control leads to keep them informed
- Separating COVID-19 patients from non-COVID-19 patients, including in emergency rooms and waiting rooms
- Aggressively screening for the virus at all points of entry
- Ensuring adequate testing capabilities for staff and patients, and allowing sufficient time for reviewing results and adjusting patient care plans and their overall patient load accordingly
- Innovative protocols for maintaining social distancing
- Appropriate communication with patients to pre-screen for COVID-19 and to ensure PPE is in place prior to anyone entering their facilities
- Appropriate team-based staffing to maintain order and safety
- Engineering controls, including adequate air exchange and other measures like ensuring sufficient time between patients and procedures for cleaning, disinfecting, and air exchange in each room
- A focus on specialty settings with additional considerations such as dental services, dialysis, and pharmacies where certain specialized procedures could generate droplets

Additional Measures to Keep Patients Safe

In addition to the above measures, hospitals are employing a number of additional measures to keep patients safe.

- Patients should expect to be required to wear a mask inside hospital facilities. They will most certainly be provided with one if they do not have one of their own.

- Patients may also be offered to see their doctor or other provider virtually, if they have access to basic technology and if their visit can be appropriately conducted via telehealth.
- Hospitals will also prioritize scheduled and medically necessary surgeries as well as patients who require a physical examination, a laboratory test, or other services that cannot be done virtually. These will be prioritized for in-person primary care appointments.
- Patients will also notice physical changes to spaces, including maximizing the distance between patients in waiting rooms and creating spaces for separation or isolation.
- In some cases there will be new technology in certain areas like the emergency department to allow for videoconferencing to provide initial patient assessments and triage.
- Hospitals are also implementing some of the alternative scheduling strategies we are seeing in other essential areas like grocery stores—reserving early-morning appointments for elderly patients and those who are immunocompromised to allow them to travel during off hours and limit their exposure to other patients.

What Services Have Resumed?

Hospitals have resumed most of the procedures they offered before the COVID-19 pandemic, including routine outpatient procedures—including ones patients may have been reluctant schedule during the past few months but that are absolutely necessary—as well as those that might be less urgent and more elective in nature.

Most of the major hospital systems in New York City also operate large ambulatory care networks that provide an enormous amount of care to New Yorkers every day. In fact, hospitals and their ambulatory care networks are the single largest providers of health care to the Medicaid patient population. Hospitals provided more than 15 million ambulatory care visits in 2018, including clinic, mental health, substance abuse, and ambulatory surgery services. Nearly 60% of these visits were provided to low-income New Yorkers covered by Medicaid or who were uninsured. These facilities provide many of the same services as a hospital and serve as an additional access point to New York City's health care system for people who may still be wary of entering a hospital. They are located throughout the city and proudly serve every community.

People Should Not Delay or Defer Their Care

We can't stress enough how important it is for people to not delay their care. While we are still gathering data, initial evidence shows that people deferred care and hospital utilization decreased during the COVID-19 pandemic. GNYHA and our member hospitals are encouraging people to come back to hospitals and ambulatory care facilities and seek the care they need. Some hospitals have communicated to their local community boards that they are safe and that people continue to seek routine care.

Earlier this month, GNYHA launched a major media campaign to inform the public that hospitals are safe and ready to treat non-COVID-19 patients, and that delaying care can be harmful. This

campaign is anchored by two television ads being run in heavy rotation on broadcast and cable television in New York City, Long Island, and Westchester and Rockland counties. The campaign includes a Spanish-language television ad, digital ads, newspaper cover wraps, print ads, direct mail pieces targeting hard-hit communities, and robocalls. More information about this campaign is available on the GNYHA website.

Health System Preparedness and Surge Capacity

New York City hospitals are doing everything possible to prepare for future infectious diseases, including the possibility of a second wave of COVID-19 that could coincide with flu season in the fall. GNYHA supports these efforts through its Emergency Preparedness Coordinating Council (EPCC). The EPCC's monthly meetings provide a venue for hospital and health system emergency managers to hear directly from government response partners on adaptations to existing emergency plans and plans for a future wave. These meetings also facilitate information sharing and sharing of best practices among hospital representatives as they work to revise their own plans and processes.

Hospitals responded to the pandemic and a DOH bed capacity mandate by quickly ramping up their capability to create beds for at least 50% more patients, and in some cases 100% more. They added ICU beds, medical equipment, and trained staff in other areas of the health system to join the response. They converted non-clinical spaces, secured thousands of volunteers and additional staff, and expanded into temporary facilities. They expanded their transfer centers and configured their sites to optimally manage the incoming COVID-19 patients as well as their non-COVID patients. Some of this additional capacity remains in reserve and hospitals are continually thinking about how they will reopen them should the need arise.

As New York City enters Phase 2 of reopening, hospitals and public health officials are mindful about any potential spikes in COVID-19 infections. We are partnering with City and State health departments to carefully monitor emergency department visits that could be associated with COVID-19. We have developed dashboards that provide key early warning signs of such spikes. In the meantime, hospitals are also actively evaluating their own dashboards, capacity, and space and are hypervigilant for any signs of a surge.

Adapting to a New Reality

COVID-19 will likely continue to be a significant consideration for the entire health care industry for the foreseeable future—at least until a vaccine and/or effective treatment is available. Hospitals are already planning for the fall flu season and are putting measures in place to co-manage flu and COVID-19 issues. Hospitals' infectious disease experts believe that it is especially important that everyone get the flu vaccine, particularly hospital staff and those most vulnerable to respiratory illness. We can expect to see public information campaigns about getting a flu shot earlier and more vocally this year than we usually do. Hospitals will begin offering the flu vaccine as soon as

it is available and will encourage patients to get their shots as soon as possible. They will likely reinforce the need for the elderly to get boosters as well.

Conclusion

Hospitals are working around the clock to safely reopen and resume their services in furtherance of their mission to provide the highest-quality care to their patients. They are incorporating both novel and proven preparedness and safety efforts into all of their operations. The dedicated caregivers that keep our hospitals running have the training and experience to take care of New Yorkers' health needs during this pandemic. New Yorkers should not ignore their symptoms. Everyone should seek care if they think they need it.

Thank you for the opportunity to testify before the City Council on this critically important issue. GNYHA and our member hospitals stand ready to work with you to make sure every New Yorker gets the care they need and deserve.

I am happy to answer any questions you may have.

Good Afternoon, I am Nancy Hagans, Board Treasurer of New York State Nurses Association representing nearly 43,000 nurses throughout New York State. I'm a registered nurse working at Maimonides Hospital.

I would like to thank Hospitals committee chair Carlina Rivera and Councilmembers Cabrera and Salamanca for their work on this critical issue.

COVID-19 has laid bare the deep economic and racial disparities in our state's healthcare system. We cannot move New York forward without recognizing and beginning to rectify them.

African Americans and Latinos are dying from COVID-19 at twice the rate of white New Yorkers. Reversing longstanding inequalities must be a central focus as we move forward, we must prioritize funding for significant new healthcare infrastructure in hardest hit communities.

We can't protect patients by slashing healthcare funding. We must restore the $2.5 billion in Medicaid cuts in next year's state budget, and finally fix our Medicaid funding formulas to allocate resources based on need. Safety net hospitals have borne the brunt of the COVID crisis, and they should receive a disproportionate share of state Medicaid funding.

For too long hospital administrators have sidestepped responsibility for addressing the urgent health needs in our communities. We cannot return to a healthcare system where your zip code determines your life expectancy.

We are also just beginning to understand how COVID-199 and the related economic fallout will increase the need for inpatient psych services. Nearly half of Americans reported mental health strain to the Kaiser Family Foundation. What we don't know is the number of people who will present with severe mental health issues requiring hospitalization – either as a new manifestation or as a chronic condition, stable with outpatient care, but that has been exacerbated by an inability to access outpatient care during the pandemic.

Our first priority must be the public's health, and New York can't move forward until we can protect every New Yorker.

With over a million New Yorkers out of work we need to make sure they can get the care they need during this pandemic. The New York Health Act would provide universal healthcare for everyone in the state, and lawmakers must take the first steps in that direction by paying for all COVID related healthcare costs for unemployed, uninsured, underinsured, or undocumented New Yorkers

New York cannot reopen until we've got the tools we need to stop another outbreak. This requires widespread COVID testing so we can identify and isolate infected residents. We also need thousands of contact tracers working for the state to uncover exposures and avoid runaway infection.

There is no precedent for the economic and social impact of this pandemic. New York must provide enhanced unemployment insurance, expanded health care coverage, even food and shelter for New Yorkers in need. If federal response is inadequate, the state must raise the necessary revenue, starting with Wall Street and big corporations. New York's billionaires and millionaires must also pay their fair share.